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Transactions

of the

American Hospital Association

22941

Nineteenth Annual Conference

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Nineteenth Annual Conference

of the

American Hospital Association

Hollenden Hotel, Cleveland, Ohio

TUESDAY, SEPTEMBER 11–14, 1917

Morning Session, 9.30 A. M.

President Wilson called the meeting to order and Rev. Earnest H. Tippett delivered the invocation.

THE CHAIRMAN: The Association will now listen to an address of welcome by Hon. Lamar T. Beaman, Director of Public Welfare, representing Mayor Henry L. Davis.

MR. BEAMAN: Mr. President, ladies and gentlemen: On behalf of his Honor, Mayor Davis, who is unfortunately detained on important city business, I want to extend to all of you a most cordial and hearty welcome to this city. The Mayor wishes me to say on his behalf that he is very glad to have come to our city a convention of this Association in this year, in these times, when the vital importance of your work must be impressed upon the minds of all of us. The Mayor also wishes me to express his deep regret that he cannot be here to say these words himself and to express his special thought in saying that it is his earnest hope that in your deliberations together here you may find both pleasure and profit. I presume you all know that the city of Cleveland has a great farm, ten miles away,—a farm of more than 2200 acres,—where we have a tuberculosis sanitorium caring for about 300 patients, as well as the infirmary, the correction farm, and the farm for wayward girls,—all together about 2000 inmates on the farm and a thousand acres under cultivation,—and I presume that you all know that the city of Cleveland owns and manages a hospital with a bed capacity of about 600, inside of the city limits,

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about three or four miles distant from here, on the south side. All these institutions are in the Welfare Department, and I have given directions to the superintendent of each institution to admit all the members of this Association, to recognize you by your badges of membership, to permit you to see everything that we do here, anything that you may be interested in, and I have directed that especial attention be given along these lines. Therefore, you will be welcomed at any one of these institutions at any time, disregarding the rules in regard to visiting hours. I hope very earnestly that those of you who do visit the institutions and who can suggest anything helpful from your own experience will not hesitate to do so, either to the superintendent in charge or to myself at the City Hall. It is our earnest desire to render the best possible service, and for that reason we feel that those with experience, as many of you have, can give us advice and help that we need. I understand that a considerable number of you are to go in a body to the farm. I shall endeavor to be there myself at that time and help to explain what we are doing. Now, in concluding the few words that I have to say, let me repeat that I hope, and the Mayor hopes, that in your brief stay in our city you may find, in your deliberations together, both pleasure and profit and may go away the more inspired and the better prepared to render the great service to which you have devoted your lives.

THE CHAIRMAN: Will you please respond, Dr. Fowler?

DR. J. W. FOWLER: Mr. President and fellow-members, and your Honor, the Mayor's representative: I rise on behalf of the American Hospital Association to thank you for your kind words of welcome and also to thank the distinguished Dr. Tippett for his beautiful prayer. The eyes of human beings are the windows of their souls, and always express in their glances their emotions. While you were making this address I was glancing about, and I observed that every member present responded to your beautiful words of welcome and also to the lovely prayer. We are all in love with Cleveland. It is not only her generous welcome, but it is her beautiful surroundings, her magnificent architecture, and her splendid sanitary conditions which appeal to all hospital workers. Glancing back to the city, I could see that it is the garden-spot of the world, and lapping at her front is a sapphire lake that can float all the navies of the world, and we cannot but see that Cleveland is the brightest gem in the coronet of our American

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cities, and hope that she will rise from the sixth to the first place in point of population. Some day I believe she will. Now, Mr. Speaker, just a few words in regard to those whom I represent. Save him who perished out yonder on the black-browed Golgotha and who, when he was upon the earth, looked after the weak and wounded and helpless, the greatest power for good in all the world is the hospitals. We come to your fair city representing 5,000,000 hospital workers. We come from the shores of the mighty East, from the bluest ocean on earth, from the sun hills of California, from the great Mississippi Valley and the wide savannas of the south, with the odor of the magnolia and the orange still upon us; we come from the Atlantic seaboard with its teeming millions; we come from the great hospitals of the country, from our fair, sweet sister, the Dominion of Canada, we come to counsel one another and the government experts who are here as how best to serve our country in this hour of peril. Now, in conclusion, I trust you will live long and prosper, you and those whom you represent, and that when you come to die angels' hands will transport your souls to Heaven, and in the lovely constellation of the night, may you live forever with the tranquil skies above you.

THE CHAIRMAN: The next item on the program is the address of the President, to which I invite your attention.

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PRESIDENT'S ADDRESS

ROBERT J. WILSON, M.D.

The year that has passed since our last annual meeting is probably destined to be ascribed as the beginning of the greatest epoch in the history of civilization.

The foremost countries of the world are now waging a world war for equal rights for all the people. In order effectively and vigorously to prosecute this war, the various governments are attempting to conserve to the last degree every resource at their command, human and material, and to do this there is a general reorganization process going on that involves governments, states, communities, and even our very homes.

Business methods that stimulate production, that do away with waste, that prevent hoarding, that eliminate duplication, that bring the producer and consumer closer together, to their mutual advantage, are being created and adopted, and the improvements in government and the world of business made necessary by the exigencies of war will be to the lasting benefit of all the people.

Laggards in any walk of life cannot survive this reconstructive period no matter whether they be individuals or societies. All must take stock of their methods and resources, and if found to fall short of the standards established by the march of the times, must make such changes for the betterment of their condition as will insure their sure footing in the civilization of today.

This country has many national civic organizations whose aim is to benefit all the people,—our own Association is one of these, and by its constitution and laws has assumed the responsibility of setting the high mark for efficiency and economy in everything that pertains to hospitals.

How well we have fulfilled our trust can best be judged by the service that the hospitals represented by our membership are giving the communities that support them. But service alone will not suffice to fill the public need; it must be the best service, and it should be a government inspected, government controlled, and frequently government supported service. It seems to me that this Associa-

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tion should use its best efforts to bring about a system or systems of federal, state, or municipal inspections that would insure to the public the minimum requirements necessary to the proper care and statistical records of the sick. The census bureau of the Department of Commerce attempts to record the statistical reports of the hospitals of this country. There is no law that I know of that compels hospitals to file such information, and the result is that the statistical records of the hospitals of this country on file in government records is of such character as should make every one of us blush for its brevity and incompleteness. How can we improve this condition is the natural question? The answer should be easy. By demanding recognition for our proper place in the social economy of the country, by establishing minimum requirements for membership, which should be of such a standard as to insure, at the very least, good hospital care in a place properly administered and equipped.

I believe that the papers and reports to be presented at this conference and their discussion will help us in solving our various difficulties and give us enthusiasm to continue our work, which is the general purpose of our meeting.

There are certain policies of administration, both of this Association and its units, that deserve your careful consideration. Hospitals, being public servants, and taking into their wards the most helpless class of citizens,—the sick and wounded,—are under greatest obligation to the people for their existence; and for their own protection and that of those they serve, should be under proper license and inspection, preferably governmental, but if not that, then through the restrictions of membership in this Association. Every member of this Association should resolve to furnish the United States Census Bureau with full and complete statistical information relative to the institution he represents, duplicate copies of which should be sent to the Secretary.

And here I want to say something about the Secretary's office. You know that for the first time this Association has established a national headquarters and placed therein a Secretary to carry on its correspondence and its business, and to be the Secretary for the Board of Trustees. I cannot speak too highly of what this office has done for the administrators of this Association, and I believe that many of you know of the efforts that are being made by this central office to help out all the members of this Association in the difficulties with which they meet in getting exact in-

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formation about hospitals, and in procuring, when possible, adequate help through its efforts.

This Association should place itself on record as favoring laws for the compulsory treatment and control of infectious diseases, especially tuberculosis and syphilis, which, by their insidious character, do more harm than any of the others, and whose very insidiousness is often reflected in their mode of control by the authorities to whom they are intrusted. An effort should be made to have the diagnostic clinic of the hospital universally adopted. The admitting physician and his staff are naturally the most important officers in the hospital. The hospital patient should enter the ward and operating room with all the medical information obtainable, by resource to every modern method of diagnosis, for the benefit of attending or operating physician.

At this time, when each American is putting his shoulder to the wheel of national progress, when every heart longing for peace is willing to give up everything, even life itself, if it can be honorably brought about, and of lasting endurance, when every agency in our great country is readjusting itself to our national need, the American Hospital Association must, by every means in its power, help the government. We represent the hospitals of this country, and when they are called upon finally for that succor they must always give, let there be no chance to say they were called and found wanting, but rather that their zeal for service was well justified in their preparation for it.

DR. FOWLER: I move that a Committee of Three be appointed to take under consideration the address of the President.

(Motion seconded.)

THE CHAIRMAN: I think this is a perfunctory thing that takes place at every meeting. The Association will now listen to the report of the Secretary.

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ANNUAL REPORT OF THE SECRETARY

WILLIAM H. WALSH, M.D.

As this is the first report submitted to the Association by the Secretary since the appointment of such an officer was authorized, there will naturally be some departure from the custom of former years. In this report an attempt will be made to review the work of the office during the past year, to comment fully upon the affairs of the organization, and to offer suggestions and recommendations for the future.

Although it was distinctly understood at the time of the appointment of the Secretary that his full time would not be demanded by the Association, it soon became manifest that, in order to do justice to the work confronting him, not only full time would be required, but considerable overtime; consequently, for the first seven months practically all the Secretary's time was consumed in perfecting a suitable accounting system, correcting the membership list, outlining plans for development, and attending to the vast amount of correspondence incident to the publication of the 1916 proceedings, the preliminary plans for the new commercial exhibit, and the Bureau of Information and Registration.

The past year has been one of fruitful progress, and it can be authentically stated that the affairs of the American Hospital Association were never in a more healthful state.

Publicity

Every effort has been made to acquaint the public, and more particularly the various allied professions, with the objects and aims of the Association, and no opportunity has been lost to obtain publicity when it was thought that it would be beneficial. Our current transactions have been listed in the various exchanges, and copies have been sent to the large metropolitan libraries.

The Secretary has endeavored to publish bulletins of interest to our members each month in those periodicals reaching hospital people, wherein the trustees' meetings have been noted and other items concerning the work of the office have been recounted with the hope that such informa-

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tion would stimulate interest in the affairs of the organization. It is too early to form any definite idea as to the value of our bulletins, but we have received many inquiries that can be traced thereto. We also believe that a number of new memberships were secured as a result of this publicity. The Secretary wishes to tender his grateful thanks to "The Modern Hospital," "The Southern Hospital Record," and "The Trained Nurse and Hospital Review" for the gratuitous space freely offered.

One of the principal sources from which this office hoped to secure valuable information for publication in the form of bulletins was the various committees, and in this connection a letter was addressed to the chairman of each committee asking for items of interest relating to their special field. It must be frankly stated that there has been little response to this appeal with but a few conspicuous exceptions. The hope is expressed that during the coming year the various committee chairmen will take more interest in this valuable feature.

Membership

A constant effort has been made to increase the membership of the organization, and, although this labor has not shown any remarkable results, it has justified the time and expense incident thereto. Were it not for the ever-present necessity for the conservation of our financial resources, more spectacular results might have been reported. It should also be here noted that the facility of procuring new members is in direct proportion to the benefits offered to prospects, and until such time as *interested* persons can be convinced of the value of membership, it will be somewhat difficult to interest the skeptical.

Elsewhere in this report will be outlined a plan for the enlargement of our Association by means of a membership campaign, and the attention of all members is urgently directed thereto.

The membership list to date shows the following members in good standing:

Members, 1149	Active	870
	Associate	264
	Honorary	10
	Life	5

The following are the delinquents, to whom several bills have been sent with requests for payment. We have never

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had a reply in the form either of a remittance or of a letter. It is improbable that we have the incorrect address, because the letters have never been returned.

Delinquents, 84	Active	51
	Associate	33

Resignations: It would be quite incorrect to say that the following members have resigned during the past year. A large number replied to our requests for payment of dues with the information that they had sent in letters of resignation previous to the 1916 convention—some in 1914, 1915, and 1916:

Associate	5
Active	27

We now have the cards of 40 members showing no address. The 1916 Proceedings and bills for dues were mailed to these members; but in every case both were returned marked "not at," "removed."

From September 1, 1916, to September 1, 1917, 134 new members have been accepted.

Bureau of Registration and Information

The inauguration of the Bureau of Registration and Information has created a very favorable impression, and quite a number of new members were secured through its activity. As funds become available the scope of the work may be enlarged until this feature alone will make membership well worth while. The attention of members is invited to the fact that the Bureau cannot be expected to supply nurses, at least for the present. To move a nurse from one part of the country to another in the hope that she will meet the requirements of the vacancy is a very unsatisfactory method of filling such positions, and members are advised to utilize the services of the Bureau only when executives or heads of departments are desired. At headquarters a register is maintained upon which are recorded the names and date concerning all applicants, and also the vacancies existing. From this information a constant effort is made to satisfy the demands made upon us.

The Secretary believes that this is an opportune time to formulate a definite policy with respect to the work of the Bureau of Registration, and with that end in view the office has already refused to supply a qualified superintendent to

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a hospital that was notoriously mismanaged. While the Association has not as yet placed itself upon record as to the standards for a reputable hospital, it does not require such action to determine that certain so-called hospitals are not suitable places for qualified applicants. From experience already recorded it would seem necessary to remind certain institutions that, in utilizing the services of our Bureau, the obligation of fair treatment to the appointee is thereby incurred, and that unless this obligation is fully met the Bureau will not supply a second candidate.

Transactions, 1916

The publication of the eighteenth annual proceedings was a much greater task than had been anticipated, necessitating, as it did, most voluminous correspondence. One of the greatest obstacles to the early printing of this volume was the neglect of authors to return copy or even to respond to our inquiries regarding it. Whether or not the failure to respond to ordinary correspondence is a delinquency peculiar to hospital executives I cannot say with surety, but I can make the unreserved statement that our affairs have suffered more during the past year from this evil than from any other handicap.

It has been the invariable rule of this office to respond within twenty-four hours to all communications received, and your Secretary believes that this rule has created a most favorable impression upon many who have in former years ofttimes waited a whole month for a reply to an inquiry.

Heretofore it has evidently been the custom to give free of charge a considerable number of the proceedings. This matter was discussed by the trustees, and as a result the Secretary was instructed to print upon the back of each volume the price. It has been found that certain libraries and associations to whom the book had formerly been given free were quite willing to meet the charge.

Much expense and inconvenience have been caused by the failure of members to keep the office notified of changes of address, although it is believed that this may be overcome in 1918 by sending out bills for dues prior to the publication of transactions.

New Business Procedure

At an early meeting of the trustees it was decided to so modify the business procedure as to place most of the rou-

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tine work in the office of the Secretary. In pursuance of this policy the Secretary was instructed to formulate a workable plan, and this was later accepted and adopted. All applications for membership are now handled entirely by the Secretary, and bills for dues are sent out and collected by him. Funds of the Association are deposited to the credit of the Association, and once deposited, cannot be withdrawn without the signature of both the Treasurer and Secretary. When funds are deposited a duplicate deposit slip is forwarded to the Treasurer, so that he may know exactly the condition of the treasury at all times. By this method the Treasurer remains the custodian of the funds, but is relieved of the heavy burden of clerical work heretofore thrust upon him.

The Secretary is responsible to the trustees for all expenditures, and when amounts exceeding one hundred dollars are involved, specific authority is required before the indebtedness is incurred. At each meeting of the trustees a full report is made of all expenditures, together with a review of the work accomplished since the last report.

In revising the accounting system of the Association the gratuitous services of Mr. Cornelius S. Loder were secured. The whole system devised and recommended by this gentleman, although approved by the trustees, has not yet been adopted on account of the expense incident thereto, and for the further reason that it was considered advisable to utilize all the old forms before ordering the new. When the complete system is in operation, the business of the Association will be greatly facilitated, the funds will be doubly safeguarded, and the work will be much simplified.

In formulating the accounting system now in use it became necessary to consider the advisability of changing the fiscal year from one convention to another, to that of from January 1st to December 31st. It is realized that a change in the by-laws is necessary to authorize this arrangement, and such an amendment will be offered at this meeting. The new plan will only change the period for which dues are paid and will not in any way increase the assessment. This scheme will simplify the Treasurer's Annual Report, will avoid the congestion at the registration desk during conventions, and will facilitate the work of the Secretary's office.

Incorporation

The American Hospital Association has never been an incorporated body, but the time has now come when some

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action in this direction must be taken. As now organized the trustees are obliged to assume personal responsibility for all the acts of the organization, and since financial obligations are concerned, it would hardly seem fair to continue this practice. Much study has been given this matter by the trustees, and they have carefully considered the laws of various states concerning the incorporation of similar bodies. As the American Hospital Association is a national body, and also because of the restrictions found to exist in almost every state, it was definitely decided to recommend that this Association be incorporated in the District of Columbia, either by special Act of Congress or by the courts. Your Secretary hopes that favorable action will be taken upon this recommendation, since the advantages are so obvious.

1917 Annual Convention

While this office was busily engaged in perfecting the necessary plans for the nineteenth annual convention and the commercial exhibit connected therewith, the country was thrown into an unprecedented state of excitement by the declaration of war.

The local committee expressed a desire to postpone the convention, some prospective exhibitors hesitated about incurring new obligations, and a few members wrote intimating that the grave responsibilities incident to the war would prevent their attendance.

From the outset it became evident to the trustees that to either postpone or omit the convention this year would be a grave blunder, and that the incidence of war only emphasized the necessity for an assemblage of hospital people. The many vital problems concerning interns, hospital staffs, nurses, organization of base hospitals, and numerous other similar matters required some authoritative solution, and, after due deliberation, the trustees passed a resolution authorizing the Secretary and local committee to proceed with the arrangements and to announce that, under no condition, would the original date be changed. It is the belief of your Secretary that the accomplishments of this convention will prove the wisdom of the trustees' decision.

The program is replete with subjects of deep concern to all the hospitals of the country, and matters of absorbing interest to those who, at this time, are struggling under many unusual burdens and almost overwhelming handicaps.

It will be noted that the meetings convene at 9 A. M.

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daily instead of at 10, as heretofore. This change permits a more extensive program and makes it possible to schedule business meetings at 4.30 for the conduct of the purely business matters of the Association. By this means it is hoped to avoid the confusion incident to past conventions when scientific papers and business affairs were crowded together.

Commercial Exhibit

The display of hospital supplies and equipment exhibited at Philadelphia was considered by the oldest members of the Association to be the most comprehensive ever assembled, and most of the exhibitors themselves were well pleased with the business transacted and the attendance. However, your Secretary was far from satisfied, and as he is compelled to assume the attitude of the manager of a commercial undertaking, he must needs be as critical as the most dissatisfied participant. In the first place, little if any recognition was accorded the commercial exhibit upon our program, which was arranged as though no such important project were contemplated; consequently, *no* time was allowed for inspection, compelling those who recognized the value of such to absent themselves from important meetings. In the next place, as might have been expected, some little difficulty was experienced in enforcing certain rules and regulations that were considered necessary for the ethical conduct of a commercial exhibit. With respect to the allowance of certain periods for the inspection of exhibits, it can be said that ample time has been allowed this year and no complaint is expected upon this score. The rules regarding solicitation of business and the distribution of literature in the convention halls are more definitely understood now and will be rigidly enforced.

One obligation rests upon the members of this Association, *i. e.*, that of inspecting every exhibit, and unless all lend their coöperation to that extent, this feature of our convention is doomed to failure. No one is compelled to purchase for the very good reason that these exhibits are primarily for advertising purposes rather than for sales.

As the report of the Treasurer clearly indicates, the financial returns from our last exhibit were very gratifying, and the returns this year will about equal those of 1914.

Policy

The time has come for this great Association, representing as it does the consensus of opinion of the hospital experts

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of America, to fasten its faith to a few cardinal principles upon which we may hold our ground and maintain before the world an unmistakable attitude.

It is, to say the least, embarrassing for the Executive Secretary of this Association to be compelled to reply to those who seek our counsel and advice that no definite policy has as yet been adopted upon the many vital questions of the day.

Unless we are to fall by the wayside or delegate our responsibilities to newer and more wide-awake organizations, we must meet our obligations fully, placing the American Hospital Association upon record as opposed to those things which we know to be wrong.

First and foremost, we are obliged to announce some attitude upon the question of the abuse of dispensary privilege, then, in order, the following subjects should be thoroughly discussed and our position defined:

(*a*) Use of first- and second-year student nurses for private work outside hospitals without supervision.
(*b*) Baby farms under the guise of maternity hospitals.
(*c*) Standard course of training for nurses and obligations of a hospital to the student.
(*d*) Definition of a modern hospital and a workable classification.
(*e*) Functions of various hospital officials and their limitations:
  1. Trustees.
  2. Superintendent.
  3. Medical and surgical staff.
  4. Principal of training school.
(*f*) Standard accounting system upon which a basis may be obtained for the comparison of different institutions.

Much could be here written upon the above subjects, but it is the belief of your Secretary that these matters should be very carefully considered by the Association, and further studied by a special committee charged with the task of formulating concise recommendations for submission to this body at the twentieth annual convention.

Constitution and By-laws

In compliance with the instructions of the trustees, certain modifications in our constitution and by-laws found

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necessary since last year have been compiled and submitted to the committee upon that subject. No attempt has been made in this contemplated revision to make any change in the form of the organization for the reason that many of the foremost members of the Association are compelled to be absent by reason of military service abroad. For the same reason it is urged that no fundamental change in our constitution and by-laws be offered at this meeting, as it would be unfair to those absent to deny them a voice in matters in which they are so deeply interested.

War Medical and Nursing Problems

For the same reason that some of our best hospitals have been driven to the expedient of turning to fourth-year students for interns, hospitals will be obliged to consider the advisability of turning out third-year nurses to meet the community requirements should the war continue for any extended period. Any steps that may be taken tending to lower the standards of the nursing profession will, of course, be reluctantly considered, but facts must be faced, and conditions met by intelligent and timely action.

Unless special means are adopted to add to the supply of nurses there will be no replenishment for three years. The successful waging of the war contemplates the adequate protection of the civilian population from sickness and disease, and this cannot be accomplished effectually unless those who may justly be regarded as guardians of the public's welfare are constantly reinforced.

From the very moment of the adoption of the draft law this organization has been hard at work in the endeavor to convince the authorities of the necessity for the exemption of medical students and interns. Early in our efforts we discovered a determined opposition upon the part of the government to the exemption of medical students or interns as a class, for the very good reason that such a ruling would immediately open up the possibility of fraud and misrepresentation. Acting upon a knowledge of this attitude various methods were suggested for the accomplishment of our effort to prevent the complete disorganization of civilian hospitals. On August 30th the Provost Marshal General notified the Governors of all states of the promulgation by President Woodrow Wilson of supplementary regulations governing the execution of the selective service law with special reference to interns and medical students. These regulations will be duly presented by Major W. H.

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Smith, who has been delegated by the Surgeon General to attend the convention for that purpose.

National Headquarters

Those who have followed the work of the Association during the past year will fully realize the necessity for the continuation of national headquarters. The necessary funds for the maintenance of an office and a stenographer will be available during 1918, and if the next convention is held in a city providing adequate accommodation for a commercial exhibit, no fear need be entertained for the future from the standpoint of finances. When the Association has been incorporated in Washington, it would seem desirable to move the offices there, too, and your Secretary herewith recommends that such steps be taken as soon as practicable after the adjournment of the convention.

Committee Appointments

Heretofore no policy has existed with respect to the continuous service of committees, and the various lines of endeavor have suffered thereby. As each incoming President assumed office the entire personnel of committees has changed, even though their proceedings were incomplete and the studies unfinished. This method is certainly not conducive to efficiency, and the Association has undoubtedly lost much of value by this shortsighted policy, not to mention the loss of interest of those who were so summarily displaced.

It is not often wise nor usually necessary to continue *all* the members of a committee from one year to another, but it is imperative that at least one member of each committee serve for two successive years. It is, therefore, recommended that in the appointment of the 1918 committees at least one member be retained to preserve a continuity of effort.

President Elect

Another improvement in our present methods would be accomplished by the nomination and election of a President elect each year. Many kindred organizations have adopted this plan, and it has worked most successfully. As now organized, it is never known until almost the termination of the annual convention who is to become the next President, and as a result of this uncertainty the newly

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elected incumbent is totally unprepared for the responsibilities of the office, and at best has scanty time to utilize his energies for the benefit of the Association. If a President elect were annually installed, the incumbent would have two years to formulate his policy and familiarize himself with the Association affairs. Your Secretary realizes that this change would necessitate a modification of the by-laws, but considers it of sufficient importance to merit immediate consideration.

Increase in Membership

As is elsewhere noted, the efforts of the Secretary to increase the membership of the Association were not crowned with the success that might have been expected, but although the actual number of new members recorded is small, it will be noted that few old members dropped out, in contrast to former years, when in certain instances the number of resignations outnumbered the applications. There are many methods of increasing membership, but most of them are very expensive and few successful. A scheme that has brought excellent results to Chambers of Commerce, clubs, and other organizations is that pursued by hospitals in raising money, modified to apply to membership requirements.

We all know that there are many eligible prospects who, for one reason or another, have never joined; we also know of many who never heard of the American Hospital Association.

Estimates compiled from various sources indicate that there are about 20,000 people in the United States and Canada eligible for membership, of which number at least three-fifths could be pledged to join if properly approached.

The question of inaugurating a campaign for new members has been considered by the trustees and favorably acted upon, but your Secretary believes that the present time is not opportune for launching this project, although the idea has not been abandoned and will be presented for the consideration of the Association next year.

Summary

The year 1917 has been marked by the appointment of a Secretary, the establishment of a permanent headquarters, and an entire revision of the business methods of the Association. Progress has been rapid, and the organization is more widely known than ever before in its history.

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Publicity has been constantly sought and bulletins published monthly.

The membership of the Association has been slightly increased and few old members lost; the membership list has been revised and tabulated upon a visible index system.

The Bureau of Registration and Information, so long discussed, is now in working order, prepared to meet any reasonable demands made upon it. The value and utility of this undertaking will only be limited by the amount of funds available for its maintenance.

The 1916 Proceedings were published in a volume which has received the hearty praise and commendation of a large number of prominent members. It is a book whose contents and appearance make it a most valuable addition to any library. The price of $1.50 has been fixed, at which price it may be purchased from headquarters.

An entire new business and accounting system has been adopted, placing our Association in line with the policy so strongly urged by it for accurate and standardized accounting methods. We are now in a position to close our books at the end of each calender year, have them properly audited, and publish the report in the current transactions.

In all probability the Association will have been incorporated before another year shall have passed. This legal procedure will guarantee us a definite standing in the country, and will enable us to build upon a firmer foundation.

In spite of almost insurmountable difficulties the preparations for the 1917 convention were carried to a most successful termination, and an exceedingly interesting and timely program arranged.

The exhibit of hospital supplies and equipment arranged this year is second only to that displayed in Philadelphia. It is regretted that more commodious quarters were not available, and that those utilized were not better arranged, but honest effort was made to make the best of adverse conditions.

The estimate placed upon the American Hospital Association in the future will very largely depend upon the early adoption of a policy or standard of ethics which may be used as a guide for those who are honestly striving to improve the hospital situation in America. Our present haphazard course will sooner or later lead us upon the rocks unless a reliable compass is secured to direct us.

Since many of those who are always with us are today upon the battle-field, the indulgence of those who are en-

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abled to attend the convention this year is asked with respect to any modification to our constitution and by-laws which might be considered radical. The trustees have definitely passed upon this subject, and it is therefore hoped that only such modification will be proposed as will plainly expedite the business methods of the Association.

The accounts show a healthy condition, and the funds are in sight to enable us to continue our present organization intact. Many extraordinary expenses had to be met this year in connection with the establishment of headquarters and the purchase of supplies.

The war will undoubtedly necessitate certain changes in long-established standards and customs. The withdrawal of 40,000 nurses from this country will require replacement by some means, and the prospect of turning out at once all third-year nurses is worthy of consideration. Some standards must be lowered, and it is for us to discuss at this time the extent to which such modifications shall be carried. The shortage of interns and physicians will likewise require certain changes, one of which is the term of service for interns. Hospitals requiring a longer term than one year will be doing a distinct service to the country by changing the service to one year, particularly since the government will insist upon this as regards drafted men who are exempted.

The Association now has a home, and can be reached at all hours of the day by local and long-distance telephone. A collection of hospital reports, books of reference, and information, price lists, catalogues, etc., are all available to those who pay us a visit. Correspondence is answered promptly, and the interests of the organization are under watchful eyes every day in the year.

Your Secretary is heartily in favor of increasing the membership by any legitimate means and, therefore, presents certain facts and figures for the consideration of the Association.

Finally

The administration of the affairs of the American Hospital Association has been a very great pleasure, and the most intense personal satisfaction has been accorded the writer in the accomplishment of every task that has been set before him. Throughout the year the President, officers, and trustees have directed and aided him in every endeavor, and any success that may have resulted is due more largely to their able advice and counsel than to his own ability.

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It was hoped that it would not be necessary for your Secretary to enter the service of the government, but conditions have arisen which have caused the army to call upon all of military age, and the writer did not feel as though he could conscientiously decline to offer his services. Since accepting the present assignment, the business of the Association has not suffered, and every spare moment has been devoted to its interests, and your Secretary wishes to add the assurance that the Association has in no way suffered on account of his assumption of added burdens.

MR. WRIGHT, Cleveland: I move that Dr. Walsh's report be referred to the business meeting for further consideration.

The motion was seconded and adopted.

THE CHAIRMAN: The statement of the Treasurer will be read at a later meeting. The books of the Treasurer are in the hands of some express company on the way to this meeting; when they arrive, we will have the report of the Treasurer. Next on the program is the report of the Board of Trustees.

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REPORT OF THE BOARD OF TRUSTEES

The Board held three regular meetings during the year, and in addition acted upon a number of matters through the medium of the mail.

The individual members have been at all times in close touch with the Secretary, so that he has had throughout the year the benefit of this counsel and advice. One additional meeting was called to act upon the matter of the exemption of interns from the selective service law, but as favorable action was announced prior to the date set for the meeting, it was cancelled on account of the close proximity of the date set for the nineteenth annual conference.

The following matters were considered or acted upon at the various meetings:

(*a*) Appointment of Secretary.
(*b*) Incorporation of Association.
(*c*) District censors.
(*d*) Official organ.
(*e*) Coöperation with the Bureau of Standards and Supplies.
(*f*) Organization of sections.
(*g*) Delegates.
(*h*) Life membership.
(*i*) Accounting system and business procedure.
(*j*) Publication of transactions.
(*k*) Commercial exhibit.
(*l*) Bureau of Information and Registration.
(*m*) Delinquent members.
(*n*) Publicity.
(*o*) Campaigning for new members.

Appointment of Secretary

At the first meeting of the Trustees careful estimates were made of the cost of maintaining a permanent Secretary with headquarters. It was found that the funds were adequate to meet those expenses, and the board, therefore, in accordance with the desires of the Association, engaged the full time of your Secretary, Dr. Wm. H. Walsh, and authorized the rental of a suitable office for headquarters.

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The value of this procedure was immediately apparent. The Secretary devoted himself to the organization of a real business office, the scope of the Association, and its activities became much wider, and the tremendous power for good of the Association was made available. It is for the Association to name the Secretary as one of the most important officers, but the Trustees are confident that the members will appreciate the value of a man thoroughly interested in our work and enthusiastic and energetic in following it up.

Incorporation

The present Trustees have accepted without protest responsibility for the actions of the Association, financial and otherwise, but the attention of the membership is invited to the necessity for immediate incorporation. The subject has had the very studied attention of your Board, which unanimously agrees that steps should be taken at an early date to incorporate. The laws of various states have been scanned, with the object of selecting the one whose laws were most liberal, but it was finally deemed expedient to urge incorporation in the District of Columbia, and we now submit this conclusion as a definite recommendation.

District Censors

In order to provide further safeguards to prevent the admission of undesirable persons to our membership it was decided to inaugurate a system of censorship under the auspices of the Secretary.

It is the opinion of your Board that the appointment of a district censor for each state in the Union, each Province of Canada, one for Australia, one for Honolulu, and one for the Philippines will not only serve the purpose indicated, but will create a body of interested members whose interest will be constantly stimulated by a constant touch with the affairs of the Association.

Official Organization

At the eighteenth annual convention a motion introduced by Mr. R. R. Ross upon the subject of the adoption of the *Modern Hospital* as the official organ of the Association was referred to this body for a report at this convention.

Your Board must confess that although the subject has been discussed at each meeting, no decisive conclusions

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were reached. It is a subject of vital importance, and one that, we believe, cannot be decided this year. An official organ would in many ways be extremely advantageous to our Association, and yet such a step cannot be taken until some financial arrangement is made regarding the subscription price. It would be manifestly impossible for the publishers to give the journal free of charge, and, on the other hand, the dues now paid fall far short of supporting the organization. It would seem to your Board that until the Association decided to increase the annual dues to a figure that will meet the annual expense plus the cost of subscription it would not be wise to offer any definite recommendation.

The Board recognizes that the cost of membership, in addition to the cost of attendance at meetings, is a considerable item for many of our members, and believes it important to encourage both membership and attendance, yet perhaps some method may be devised whereby a considerable proportion of the membership may become subscribing members, so that an arrangement may be made with the *Modern Hospital* which shall be mutually advantageous.

Bureau of Standards and Supplies

Recognizing the many advantages of association with a centralized purchasing agency, your Board, through its Secretary, has approached the New York Bureau with the object of learning the extent to which that organization would coöperate with us. Unfortunately, but little progress can be here reported. However, the whole subject of centralized group purchasing is being studied, and if no further progress is made with the agency already existing, your Board will consider the possibility of establishing a more national agency under its own auspices. Our investigations already indicate that the service now rendered by the Bureau of Standards and Supplies to its membership could be made available to all our members at a very small cost.

Organization of Sections

Some confusion has resulted since the adoption of Article VI of the constitution providing for the establishment of sections. It was hoped that this provision would meet a dual purpose, namely, the organization of affiliated bodies and the division of our program into departments. After due consideration it is now thought best to recommend the

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elimination from the paragraph of so much thereof as refers to geographic divisions and to provide therein only for divisions for the conduct of scientific business. As the insertion of another article providing for affiliated organization is inseparably linked with the formation of a house of delegates it is considered unwise to introduce it at this meeting during the absence of so many of our members.

House of Delegates

We believe that within a few years we will be enabled to so reorganize the Association as to make it a central body composed of state, territorial, and geographic units, but until that time arrives we cannot recommend the formation of such a body. It is our intention to aid and encourage the organization of geographic units through this country and Canada in every way possible, and any association of hospitals contemplating such organization will be supplied by us with a copy of standard constitution and by-laws. We will also be glad to include in the bulletin of the Association any items of interest that may be submitted by local associations.

Life Membership

When it is considered that the moderate sum of fifty dollars was adopted for life membership, it is a great surprise that more of our members have not grasped the opportunity to enter this class of membership.

It is our opinion that the sum of one hundred dollars should be charged for active life membership and fifty dollars for an associate member. It does not require a mathematician to determine that if every member would now become a life member at fifty dollars, the interest on the proceeds would not support the Association.

I may say that there are questions involved in that proposition; we recognize that a large proportion of the membership in this Association is doing its work not entirely for money, but for altruistic purposes, and that therefore the financial ability of many of us is not great, and that is a matter that should be taken into careful consideration before we deal with any financial question.

Accounting System and Business Procedure

Without charge to the Association an expert accountant has assisted in outlining a more suitable system of ac-

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counting than has been heretofore used, and it is hoped that it will be in working order within the near future. The new check-book is now in use, and a sum of money transferred to the checking account under the supervision of the Treasurer. When the entire new system is working, the Treasurer will have been relieved of all routine work, without in any way encroaching upon his responsibility for the safeguarding of the funds.

Description of System

Income

(*a*) From dues.
(*b*) From membership lists and other literature, etc.
(*c*) From the commercial exhibit in connection with the convention (this will occur during a brief period of about six months).
(*d*) Disbursements, largely by Treasurer, from his own outside separate address—including regular payroll and all bills except small and irregular items; this latter going through the office under a petty cash voucher system.

All revenues, irrespective of amount, to be deposited in the selected depository and the Treasurer to be advised of the deposit on a regular form and to acknowledge receipt to the office.

The Courses and Forms Relating to Dues

Bill for Annual Dues: On a 3 by 5 card with name and address on same for use in connection with the "window" envelop (Form A); when bill is received with remittance simply receipt and remail to member in another "window envelop."

A Loose-leaf Cash Book in which Pages are Numbered: Moore System can be used to enter daily any descriptive form of such items (Form B). Then the payment of dues shall be entered on the ledger form of the member paying the dues (Form C).

The payment in check, money-order, or cash is then deposited in the bank, and the Treasurer is notified, who makes acknowledgment on special form sent him by the office (Form D).

The office shall maintain an independent account of its own—a petty cash account—for small and miscellaneous disbursements—such disbursements to be on a voucher

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system and give amount maintained. When this amount has been determined, then the Treasurer aids in maintaining it on the vouchers received, all of which should be signed by the person receiving the money and the Secretary or some one designated by him (Form E).

The purchase order form shall be used for purchases, orders, supplies, etc., and made out in triplicate on the typewriter in one operation. The original (or white sheet) sent to person of whom goods are ordered; the first carbon copy (or blue sheet) to Treasurer as evidence to check with bill when it is received; the second or final carbon copy (or buff sheet) to be retained at the office as evidence and for reference to "check up" when order is filled (Form F).

A weekly and monthly financial statement to be drawn weekly and monthly by the office on a triplicate typewriter form in one operation. The original copy (or white sheet) to the Treasurer; the first carbon copy (or blue sheet) to the President or to finance committee; the second or final carbon copy (or buff sheet) to be retained by the office. This will insure all responsible interest keeping in close and intimate touch. It permits the prompt correction of any error. It allows all to act in closer unison in event of outside criticism, and to assist the Secretary in the annual audit, the monthly statement to include all within its period, even supplying weekly records (Form G).

Publication of Transactions

While the cost of the Transactions was somewhat high, your Board is satisfied that the quality of the paper, type, and general work are a marked improvement upon previous issues. As had undoubtedly been observed, a number of changes have been adopted which it is hoped will be continued. For instance, instead of printing the constitution and by-laws in the front of the book, this has been placed in the back. The list of previous conventions with names of past officials has been rearranged. The title has been so printed on the back as to make it plainly visible when the book is standing upright upon a shelf, and finally the price at which the volume is sold is plainly indicated. The grade of paper selected has very greatly enhanced the value of the book.

It is regretted that the Transactions were not published at an earlier date, but many obstacles intervened to delay it. Both the President and Secretary reported difficulty in obtaining replies from members. For this reason the com-

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mittee appointments were not settled until a late date, and some of the papers, sent to authors for correction and revision, were not received until the Transactions went to press.

This year the Board has endeavored to anticipate these annoyances by requesting all authors to supply a copy of their papers to the Secretary in advance of the convention, and it is our hope that the Nineteenth Annual Transactions will be in the mail by March 1st at the latest.

Another matter concerning the Transactions that received our attention was that of the free distribution of extra copies. In our present financial condition it is impossible to distribute these volumes free of charge, and a resolution was therefore adopted directing the Secretary to plainly print upon each volume the price of $1.50, and to charge this amount to all who wished to subscribe for it.

Commercial Exhibit

The splendid exhibit displayed at Philadelphia provided the means by which your Board was enabled to engage a Secretary and maintain national headquarters. It is hoped that every member will fully realize this, and in doing so remember that there rests upon each of us a definite obligation to treat the exhibition with fairness. In recognition of the value of these displays the President has so arranged the program as to allow ample time for all to carefully inspect the many interesting exhibits of hospital supplies and equipment. Every member is earnestly solicited to allot at least one hour to the careful scrutiny of the commercial exhibit.

Bureau of Information and Registration

No innovation in the history of the Association has been of greater moment to its members than the inauguration of this Bureau. Of course it is only in its infancy, and much remains to be accomplished before the plans formulated will have consummated, but enough has already been done to assure confidence in the assumption that this service alone will prove an attractive inducement to those contemplating joining the Association.

It is the hope and wish of your Trustees that there shall be assembled at the National Headquarters a comprehensive reference library covering every activity that even remotely affects the hospital world. The collection of hospital reports already listed affords a valuable reference

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library, and we believe it will be possible and practicable to publish within a few years an Annual Hospital Guide, in which might be correlated all information of interest regarding every hospital in America. The demand for such a book is very great, and its publication by the Association would become a source of income.

So, if any of the members have literature of an interesting sort which they consider valuable in the running of their hospital, it would be of value to many others if copies of those regulations, supply lists, or things of whatever nature could be sent to the headquarters at the Medical Arts Building in Philadelphia. I don't know whether we will have so many of those things that it will be difficult for us to properly index them, and, perhaps, we won't have room in the building if we get too many of them, but nevertheless what we get that is of value can be stored away until we do grow, so that we can make a real hospital library at the headquarters of the Association, and, of course, when we get all this information the Bureau will be more useful, because, with that information at hand, the hospitals through the country can write asking any specific question, and can be referred to a place where they can get additional information.

The registration activities have gradually increased until it became necessary to restrict the work to the registration of executives only, and this restriction will have to continue until our treasury will permit the engagement of more clerical help. Requests have poured in for nurses, interns, engineers, pharmacists, and even laundresses, until the Secretary was compelled to report his inability to supply requests. The Bureau solicits the coöperation of every member not only in making known vacancies, but also in urging those seeking positions to communicate with the office. Superintendents, principals of training schools, dietitians, and housekeepers can usually be supplied upon short notices, but it is always requested that before accepting an applicant independent investigations be made in order doubly to assure the responsibility and capability of the applicant. It is clear that the Association cannot guarantee the qualifications of either party, although it will endeavor to list only those who conform to its own high standard.

Delinquent Members

We can conceive of nothing that would cause more surprise to those who methodically pay their dues from year

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to year, than the publication of the list of delinquents. It is difficult to understand why those whose responsibility is unquestioned will ignore every communication regarding dues and deliberately permit themselves to fall in arrears. We believe some method will have to be adopted whereby a penalty shall be assessed when dues fall behind more than one year. To cover this matter, the recommendation is made that a penalty of 10 per cent. shall be imposed upon all dues remaining unpaid at the termination of the annual convention. This recommendation will be presented in the form of an amendment to the by-laws.

Publicity

The Trustees authorized the Secretary to publish in suitable mediums such items of interest to members as might be available. In order to avoid the possibility of any suspicion of favoritism toward any special publication it was expressly stipulated that such bulletins were to be given out to any respectable journal with sufficient bona fide circulation to warrant the expense entailed. This body has no means at this time of knowing the effect produced by the bulletins that have already appeared, but it is our opinion that a favorable impression has been created. Those matters discussed by the Trustees at the various meetings were duly chronicled and members sufficiently interested were enabled thereby to keep in touch with our proceedings. It is our intention to continue this feature gradually enlarging its scope and usefulness.

Campaign for New Members

This subject was introduced by the Secretary after a strenuous attempt had been made to secure new members by means of letters. To those of us who had seen the abuse of the "whirlwind campaign" the idea of adopting such a plan did not at first make a strong appeal. The matter was considered, however, from every possible angle until your Board became convinced of the feasibility of the plan under proper auspices and subject to such limitations as might be imposed by the Board. The Secretary was directed to explain the scheme in detail, and it was agreed to submit the project to the Association with a favorable recommendation.

The Trustees believe that a new era in the work of the Association is developing. The meetings of the Board

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have been too few and too short to accomplish all that it seems quite possible to accomplish. Yet it is better to make haste slowly, and the representatives of this widely spread organization must be proportionately widely scattered so that meetings are costly in time as well as in money. Moreover, many of our people are devoting themselves to the immediate problems of these strenuous times, and men and women who have been among our leaders are giving their time to patriotic service both at home and abroad, and it is well to await a time when their good counsel can again be fully available, and peace shall bring a more confident view of the problems of the future.

The Association was a powerful factor in the solving of the problem of the draft of medical students. Some of our leading men devoted themselves to the question, and the coöperation of our representatives all over the country, made rapidly possible by our new organization, brought the desired result.

Other problems will arise, and the knowledge and experience of the members of this organization should be put to service for the public welfare. We look forward to an important year's work, thanking those who have willingly helped when called, and assured always of hearty aid in all good works in the future.

THE CHAIRMAN: The Chair will be very glad to hear a motion referring this report of the Trustees to the business meeting for consideration.

It was moved and carried to refer the report of the Board of Trustees to the business meeting.

DR. J. W. FOWLER: I am authorized by His Excellency, Governor Stanley, of Kentucky, and by his Honor, the Mayor of Louisville, Mayor Bushmeyer, to invite this next annual Conference to come to Louisville, Ky. We have a delegation here headed by Colonel Alsley, Secretary of the Louisville Publicity League, and as those gentlemen would like to be heard and leave at the earliest possible time, I trust that you will appoint a Committee on Time and Place, so that they can be heard this afternoon. I just want to say that if you come to Louisville, ladies, we will show you the best looking men in the country and we will show the men the best looking women. Just a short time ago we could have said something about whisky, but last Saturday they ceased making it, but we have got some of it left.

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THE CHAIRMAN: Dr. Fowler's invitation for Louisville will receive the careful consideration, not only of the Committee on Time and Place but also the whole Association. I urge upon all members of the Association to register early and also to see that their guests, our guests, but more particularly very frequently guests of the members, also register early so that we may have a full and accurate record of all who attend the meeting. It is my intention to call these meetings to order promptly at the hour named. I would have done so this morning, but, for reasons that you all know about, at the opening meeting we sometimes have to wait a little while for our guests of honor; otherwise I would have opened it promptly at nine o'clock. Therefore, the meeting this afternoon will open promptly at two o'clock and I want to say to you that the papers to be read here this afternoon represent matters of vital interest to every one of us. Dr. Baxter's paper, while it sounds to you as though it concerned a local atmosphere in New York city, is not, by any manner of means, such a thing. I think Dr. Baxter had an opportunity to go thoroughly into a study of social service which covers, I think in extent, the wants and needs of almost all of us. Mr. Davis' paper in regard to clinics is one which is of wide interest to every one of us and one which we cannot afford to lose, and I propose, as I said before, to open the meeting promptly upon the stroke of two, and I hope that none of you will lose the opportunity offered to learn what they have in the papers. All mail can be procured by applying to the Information Bureau conducted by the *Modern Hospital*, which is just to the eastward of the registration room. I want to call attention to the commercial exhibits for a moment. The exhibitors are our guests,—paying guests, it is true, nevertheless, our guests,—here to help us, and we want to extend to them the same courtesy that we would extend to guests under the same conditions in our household. Furthermore, they can be of infinite use to us. You have an opportunity now to see at first hand the apparatus which they have to show and which they can tell you all about; knowledge which many of us depend upon getting through correspondence. You know, first hand knowledge is always better than knowledge you get through correspondence and I hope that each member of this Association will avail himself or herself of the opportunity to become acquainted with what is shown here and to allow our exhibitors the privilege of helping us. The non-commercial exhibit is in the small convention hall. You follow the corridor around

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to the eastward, then to the south, and that will lead you into the small assembly room. Mr. Bacon, the Treasurer, has a word to say to you.

THE TREASURER: I just want to state, before adjournment, that in my opinion this will be one of the greatest conventions that this Association has ever held. Therefore, let us make it a get together meeting; let us become better acquainted. If you meet a member outside of the convention hall with a badge, do not hesitate to address him or her. While in the convention hall during the discussions, if you have an idea, rise to your feet and tell it to us; we are here for the exchange of ideas.

THE CHAIRMAN: Recommendations or resolutions for a change in the Constitution or By-laws should be sent to the office of the Secretary immediately for reference to the Committee on Constitution and By-Laws. There is no further business to come before the meeting and we will stand adjourned until 2 P. M. sharp.

Afternoon Session, 2 P. M.

At 2 P. M. President Wilson called the convention to order and the program was resumed as follows:

THE CHAIRMAN: The President desires to announce the Committee on Time and Place. I will appoint Dr. H. O. Collins, Superintendent of City Hospitals, Minneapolis; Dr. J. W. Fowler, of City Hospitals, Louisville, Ky., and Dr. Sexton, of Hartford Hospital. The first paper for this session is "The Organization and Direction of After-care Committee for Poliomyelitis," by Dr. Donald E. Baxter, New York city.

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AFTER-CARE, TREATMENT, AND MANAGEMENT OF INFANTILE PARALYSIS CASES AS CONDUCTED BY THE NEW YORK COMMITTEE

DONALD E. BAXTER, M.D.
Director

During the latter part of June, 1916, the New York health authorities realized the beginning of an unusual epidemic of infantile paralysis. Notwithstanding their earnest and persistent efforts in the sanitary management of the city, the number of cases steadily increased until the third day of August, on which date 217 new cases were reported within the twenty-four hours. From this time on the reported cases gradually decreased, but it was not until the middle of September that New York was practically free from new infection.

A degree of doubt has been expressed by many as to the magnitude of the 1916 epidemic. The fact has been carefully proved by intensive group studies that not only were the various statistics compiled by the Department of Health correct, but, in addition thereto, many cases have been reported for after-care and who are at present suffering from only a mild paralysis, and at the time of illness did not even evince sufficient symptoms to call in a physician.

In a careful study of 4474 cases which had been reported as infantile paralysis and treated in the Board of Health hospitals, it was found that there had been an error in diagnosis in only 1 per cent. of the cases. Not only have these figures proved the correctness of the diagnosis, but they are also an important factor in the proof of the magnitude of this epidemic. Approximately 9000 cases of poliomyelitis were reported during 1916, with a mortality of about 25 per cent., leaving over 6700 cases, of which by far the greater number required after-care treatment.

In view of the above conditions, the urgent need of an organization to superintend the necessary after-care work was most apparent.

The New York Committee on After-care of Infantile

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Paralysis Cases was organized after a series of conferences called by Health Commissioner Dr. Haven Emerson, and now includes on its several committees and councils about 350 persons representing the medical profession, the hospitals and dispensaries, the nursing associations, the charities, and the general citizenship.

It has undertaken three major pieces of work: First, it has tried to coördinate the efforts that have been made for the treatment, home care, and training of the children left paralyzed by the epidemic, and to distribute the children among the agencies, and to keep track of them so that none may be neglected. To this end the city was divided into geographic districts for nursing purposes and dispensary attendance. A comprehensive system of records was installed, and the oversight of all these children planned through the help of coöperating agencies.

To date 8177 children have been referred to the Committee, and over 6500 are now under treatment or otherwise satisfactorily accounted; 188 have died since they were discharged from quarantine, and 486 have left the city or moved to an unknown residence. During the past twelve months 1216 cases have been discharged as permanently cured and over 200 children are now under observation, returning to the various clinics monthly or semimonthly.

Special mention should be made in this connection of the Crippled Children and the District Nursing Committees of the Brooklyn Bureau of Charities, the Henry Street Settlement, the Association for the Aid of Crippled Children, the Bureau of Educational Nursing of the New York Association for Improving the Condition of the Poor, and the social service department of the New York Hospital, which associations visit all cases and urge them to begin treatment at once and to return to the dispensaries if they have dropped out. Special mention should be made also of the most cordial response on the part of the hospitals and dispensaries throughout the city, which have made every effort to accommodate their services to the special and great demands made upon them by the large numbers of this class of cases so unexpectedly presented to them for care and treatment; however, they are too numerous to mention individually.

The second major undertaking of the Committee was to unite the several transportation funds and to augment them so that, if possible, all children who should need special transportation to and from the dispensaries might

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have it. Accordingly, a Committee on Transportation was appointed which succeeded in uniting three transportation funds and increasing them to more than $12,000; thus, and through other coöperating channels, were sufficient motor buses provided which make approximately 10,000 trips per month. Happily, and partly through the efforts of the Committee, the city itself is now taking over all regular transportation, leaving to the Committee only special cases. In this connection should be mentioned the timely and valuable services of the Sick Children's Transfer Society, the Militia of Mercy, the Social Service Department of Bellevue and Allied Hospitals, and the "Forward Fund."

The third major undertaking of the Committee was an attempt to raise $250,000 to assist in providing treatment, home care, and training for these children. The various agencies in these fields soon found their funds for this purpose exhausted. Either they must severally make appeals for funds or the Committee on After-care must make an appeal for them all. While the Committee had this matter under consideration a request was received from the Committee on Public Health of the Academy of Medicine that our Committee should raise the necessary money and assist only those dispensaries that would maintain good standards in after-care.

The Committee on Public Health agreed to define and has defined the standards of physical equipment and personnel that should be found in such dispensaries, and the Associated Out-Patient Clinics, on our request, agreed to certify the existence or non-existence of these standards in all dispensaries. The dispensaries and nursing associations agreed to withhold special appeals if our Committee would make one general appeal.

Accordingly, a Committee on Appeals was appointed, and the sum of $162,134.01 has been secured. None of the money thus raised is used for the administrative work of the Committee, the cost of this having been provided by a generous contribution from The Rockefeller Foundation. The money raised by the Committee on Appeals has been placed in the hands of a board of five trustees. The money is appropriated by them, upon the recommendation of the Committee on After-care, to the agencies actually caring for the children on the basis of additional work done by them, if done according to standards certified by the Associated Out-Patient Clinics.

Requests for such assistance officially made must be

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given by the agency and must contain information as to the amount of work done, its cost, and the collections and contributions received for this purpose. The Committee has already spent $12,556 for corrective appliances upon requests from the dispensaries.

The Committee has among its members, orthopedists, neurologists, and also representatives of the hospitals and dispensaries giving after-care and of the visiting nursing associations and crippled children committees. A large special committee has been organized to provide transportation. To advise the Committee on the medical aspects of the work, there has been created a Medical Council, including 21 distinguished orthopedists, neurologists, and pediatrists. The Committee has been fortunate also in the creation of a large citizens' Committee on Appeals, the Executive Committee of which has solicited the money to assist in the work of after-care.

The Committee appreciates that the city itself has done great things for these children. The Health Department spent about $300,000 for the care of the children during the epidemic, but its authority over them and responsibility for their care and treatment ceased as they left quarantine. The Health Commissioner has, however, assisted the Committee on After-care in every possible way, furnishing every facility for information, sending to the Committee a notice of the discharge from quarantine of every case, and turning over to it the large brace fund raised by him during the summer.

The Department of Public Charities has provided convalescent hospital care either in its own or in private hospitals. This Department is also operating an after-care dispensary at its Greenpoint Hospital and one in the Public Health Center at Flushing. Through Bellevue and Allied Hospitals the city is also providing after-care.

The Committee on After-care has had the pleasure, on invitation, to advise with the municipal authorities in these undertakings. The Committee has not advised other kinds or places of work by the city, having regard for the difficulty of getting quick and adequate action by the municipality and knowing that there are many private hospitals and dispensaries accessible to these patients and immediately available.

The Committee has not thought it advisable, on its own account, to provide such charitable aid as may be found necessary in the case of these children or the families to which they belong (beyond braces and other requirements

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of medical care), believing that the matter of charitable aid should be left to the social service departments coöperating with established charitable societies.

The Committee on After-care has refrained from passing judgment upon the method or frequency of treatment in after-care. Finding that there was no "one best method" accepted to the exclusion of all others, and knowing that the capacity of all standard dispensaries would be taxed, the Committee has maintained a strict impartiality on the method of treatment. As partial evidence of this it may be noted that among the dispensary requirements adopted by the Committee, the attendance of both an orthopedist and a neurologist is required, and that the membership of both the General Committee and its Medical Council contains neurologists, orthopedists, and pediatrists.

The Committee has not passed judgment upon whether treatment should be given at the dispensaries or in the homes of the patients, believing this to be an experimental matter and governed partly by practical considerations of capacity and cost. As in the matter of the kind of treatment, so in the matter of the place of treatment, the Committee has left the responsibility with the medical authorities in such dispensaries as may meet the standards of physical equipment and personnel adopted by the Committee.

The Committee has formulated and put in operation a system which provides an adequate follow-up method.

All institutions are supplied with forms to be filled in and submitted to the Central Office on Saturday of each week, giving the name and address of each and every case under treatment, together with the date of each clinical, indoor, and home treatment. These dates are entered on individual case records as soon as received and, in the event the patient fails to report for the prescribed treatments, the card is placed in a separate file and the visiting nursing association is automatically and promptly notified, the case being at once investigated and the patient urged to resume treatment.

The excellent team work of all institutions and agencies is apparent in the fact that from the inception of the after-care work up to September 1, 1917, coöperating institutions have given 232,982 treatments, of which 167,311 were clinical, 44,067 were indoor treatments, and 21,604 home treatments. In conjunction over 54,000 nursing visits were made during this period, a dominant factor in the maintenance of organized after-care.

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The Committee is happy to have had the cordial assistance of the city's Departments of Health and Charities; of the hospitals and dispensaries; of the nursing associations and the charities, and of the hundreds of men and women whose labor, counsel, and financial support have made the work thus far successful and valuable, and we covet for the Committee the continued loyal interest and support of all these, to the end that no child in New York city, stricken in the recent epidemic of infantile paralysis, shall want or shall wait for the best care that is known to medical science and to social service.

THE CHAIRMAN: This very excellent paper of Dr. Baxter's is now open for discussion.

DISCUSSION

DR. HORNSBY: "That no child shall want or wait for the best treatment that modern science can give"—that was the keynote of the paper. That seemed to be the text, to me, of Dr. Baxter's paper. I had the privilege, almost immediately after the organization of this group for the care of the victims of this epidemic, to be present at one of the meetings of the Committee, and I was impressed then with the fact that the people of New York were going at this problem in a systematic way that promised more, to my mind, than had ever been achieved before by an organized community to undo or to minimize the ravages of any disease or epidemic. Those of us who have listened carefully to Dr. Baxter's paper realize now that that same system went through the care of these children. I had the privilege of saying at that organization meeting in New York that it seemed to me that something more had been done then and was being contemplated than had ever been done before. We may talk about our preventive medicine: we were not in time for that. We can talk about catching up the loose threads of an epidemic or some terrible scourge; we had never done that in the same organized, systematic way, it seemed to me, that was done in New York by these people under the direction of or with the active help of Dr. Baxter. We can learn a lot from it; perhaps—let us hope that other communities will not be afflicted in the same way; but if a scourge of that sort should come, those of us of the various communities any one of which might be afflicted at any time, must feel that the greatest possible amount of helpfulness can come in any attempt to organize against an epidemic or against a disease or in amelioration of the ills that befall from such a disease by patterning after the New York thoroughly competent, thoroughly efficient, business-like way with which these people have handled this business. "Not a child shall want or wait for the best that medical science can give"—I wonder how many of our communities are able to say that? Let us hope that the lesson of this epidemic, of its handling, shall permeate every part of the country; that all of us may take advantage of it, and in an emergency let those of us who are a part of the American Hospital Association and who are here and in touch with its doings, be in shape to take a stand in leadership in our respective communities where we belong in case of sickness or an emergency of this sort, let us be ready to take the initiative

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and assume a leadership and do it in the way that the New York people have handled this epidemic.

THE CHAIRMAN: Is there any further discussion of Dr. Baxter's paper? The epidemic of poliomyelitis was very much more interesting to us last year when we had to face the acute disease, but perhaps the most important thing to all patients was the after-care, if the little sufferers were to be saved to the community as working units. I can imagine what happens when a case of poliomyelitis admitted to a hospital is discharged at the end of six weeks. It goes home to very tender care at the hands of its parents, but to actual neglect in a general way as to its proper medical treatment. This the After-care Committee in New York has stepped in to prevent, and we believe that in about five or ten years from now, when the final report can be filed, it will show the lowest percentage of deformity ever found in an epidemic of this kind, and if our supposition is to result in fact, it will be entirely and wholly due to this Committee which Dr. Baxter has been telling us about. If there is no further discussion, we will pass on to the next paper of this session, which is the report of the Committee on Out-Patient Work, by Mr. Michael M. Davis, of Boston.

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REPORT OF THE COMMITTEE ON OUT-PATIENT WORK

The Problems and Place of the Dispensary and Out-Patient Department in War-time

This year is different from all other years within our memory. Amid the innumerable effects of the world war, it is laying its heavy hand upon medical service. The 2500 dispensaries and out-patient departments in the United States are treating between 3,000,000 and 4,000,000 persons a year. The war faces them with new difficulties and new opportunities. It has been our part to make some slight study of these.

High prices, particularly of food, are pinching the poor. These are partly counterbalanced by more continuous employment, and in some industries by higher wages; but, as the statistics of the Federal government have shown, the rise in prices has on the average outrun the rise in income. Families which a few years ago had as a rule a small margin over necessities, so that they could pay for a little doctoring in cases of acute or serious illnesses, now no longer have that margin. Those families of a higher level, well above the poverty line, but without any substantial savings or property, find it much more difficult to meet the expense of any prolonged or unusual illness, or to provide for specialists' services—the oculist, laryngologist, dentist, orthopedist, surgeon. At the same time, a dire shortage in the medical profession is appearing. If the most recent published estimates are correct, one-fifth of the total number of registered physicians in the United States, or nearly 30 per cent. of the 90,000 physicians of the active military ages, will be taken into the government service and out of private practice. A certain proportion of the population will be taken with them, it is true, but there will remain the old people, the women of child-bearing age, and the children—the groups among whom sickness is most frequent. These groups must be cared for with a diminished power to meet the expenses of medical treatment and a diminished number of physicians to provide the treatment needed.

We have received from a number of superintendents in-

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teresting suggestions for the work of the dispensaries during the war. What is your dispensary doing, or planning to do, to meet war needs? We shall quote two answers to this question, out of many received. The first one is from the superintendent of a hospital in a community of 100,000 persons:

"In answer to your question, I would say that we expect to organize our dispensary work along much broader lines: (*a*) for charity patients; (*b*) for paying patients.

"Members of our staff are awakened to the new conditions, and those who are not available for war service or cannot pass the examinations are in some instances preparing themselves for specialized work—a thing which we have had very little of in this city up to the present time. Each physician has been a general practitioner.

"To summarize: the war is affecting us and our dispensary work, first, by showing an increased need; second, by causing a shortage of medical men; third, by making the necessary special efforts to secure funds; fourth, by impressing upon the medical men themselves the need of greater coöperation and the division of labor."

The second answer to the same question which we shall quote comes from the superintendent of a well-known hospital in one of the largest cities of this country:

"There certainly will be need, at least in certain districts, for organized efforts to care for the medical needs of the people. If such a need should develop in this city, I should consider the enlargement of pay clinics to meet this need. It is not likely, during the war, that the people will be unable to pay the small fee required by pay clinics. In this way, physicians could care for the maximum number with the least effort; and because organized as a pay clinic, the finances would not be difficult.

"We know that the organization of pay clinics in regular dispensaries is a very simple matter. The organization of pay clinics in hospitals is a simple matter also. Many small hospitals run practically this now, especially for industrial disease cases.

"A comparatively easy way to extend medical service to the public is at hand. This way is the extension of the pay clinic idea. This would operate as an extension, by making the work of each medical man more efficient by organization and concentration of the work. There would remain available in the country many men unfit for military ser-

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who would naturally drift into the pay clinic and the necessary home visit, both being remunerative. The financial condition of the working people during the war makes the operation of pay clinics needed, and the opposition thereto from physicians will disappear. This organization will extend greatly the efficiency of medical service quite sufficiently to meet any needs which may develop."

The committee has recently communicated with a number of representative dispensaries and out-patient departments in about twenty of the larger cities of the United States. The majority believe that there will be substantial increase in the need for dispensary service in their community. Some have already observed an increase, which they attribute to the war and the conditions caused thereby. A few are doubtful as to the future, and only three believe that there will be no increase of need. Unanimous testimony comes as to the shortage in medical staff already begun or definitely anticipated. The large institutions report that the proportion of dispensary staff which has gone, or is expected to be taken, is usually over 12.5 per cent., and in some instances is higher than 25 per cent. If the war continues long, the loss may be much more serious.

Shortage of medical men in the hospitals and dispensaries and in the communities outside is only just beginning. The next twelve months will, in all probability, face us with real war conditions. By the time the association meets next year, we shall know many of these conditions and not merely anticipate them. We shall feel the burden less if we do anticipate them to-day and plan to meet them.

The primary duty of the dispensary and out-patient department is to give medical care in general and special lines to the masses of the population, not merely to the destitute. This responsibility will not be diminished, but will be greater during war-time. Especial effort must be made to maintain, and, in some respects, to increase dispensary and out-patient service during this period. It is encouraging to note that not a single one of the hospital or dispensary superintendents who replied to our letters thought that there would be any substantial diminution of the funds available for their out-patient departments. This is one of the questions which we had asked:

How shall the shortage of medical staff be met? Older men, not subject to draft, must be sought; existing staffs must do more work. Several dispensaries have indicated that they are making a special effort to secure women

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physicians in some departments to take the place of men who are called away. Many hospitals are asking men who have served as interns, and who have located in practice near the institution to come back and give service in the out-patient department. But these efforts will take us only a little way. More far-reaching means must be adopted.

Even in those cities where dispensaries are farthest developed, as in New York, Chicago, Boston, and Philadelphia, only a comparatively small proportion of the medical profession are on the staff of dispensaries and out-patient departments, and have the clinical advantages afforded by such connection. In New York and Boston, for example, only between 25 per cent. and 40 per cent. of the whole profession are on dispensary staffs. It is much to be desired that members of the medical profession who are in general practice and who are largely cut off from the diagnostic equipment and the opportunity for joint study of cases which the well-organized dispensary affords, should have such advantages. The war now gives an opportunity, unique in a generation, for the medical institutions, and particularly for the dispensaries, to come into more extensive and democratic relations with the rank and file of the profession. We must recognize the fact that in every community there are a certain number of physicians who have graduated from unsatisfactory medical schools or whose training in other respects has not been adequate. But these are a small minority. There are a large number of general practitioners who would give good service, who would themselves benefit, and whose patients would benefit, by association with a well-organized dispensary clinic. To democratize the facilities of the dispensary through some form of acting appointment during the war for physicians of this type will be a gain all around.

The dispensary or out-patient department, in other words, needs to call into its service many practitioners who have ordinarily no institutional connection. Let the invitation be issued, and the response will be favorable; for the spirit of service, ordinarily strong in the medical profession, is emphasized during this period of national need. In some instances a form letter of invitation should be sent to a list of local physicians individually; under other local conditions it may be better to issue the call through the local medical society. Each invitation should give the doctor opportunity to indicate the specialties in which he would prefer to work, but particular effort should be made to get

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men for the general medical, pediatric, and surgical clinics, where the shortage of doctors is likely to be most felt.

The dispensary will then have to organize and utilize the new men in the right way. If each clinical department retains a nucleus of the regular men, and preferably its chief, the problem of organizing the new men will be simple.

One great point of the present situation is that the shortage of physicians, if it becomes as serious as we anticipate, will remove much of the objection to dispensaries that has appeared in some cities. Instead of opposing the outpatient clinics, many practitioners will be willing to take part in their work as a means of giving medical care to many to whom they would otherwise have to give it anyway, at a greater expenditure of time.

If we are to realize the benefits of dispensary work, meeting the unusual need for medical care of the population during war period and supplementing the shortage of medical staff in the community, it is essential that the standards of dispensary work be upheld. We must not return to the habits of former years—the hasty examinations, the indiscriminate giving of prescriptions as a means of sending the patient away with a feeling that something has been done for him. Standards of dispensary service have been rising; they must continue to rise, because during the war-time dispensaries must play a more serious part than merely giving charity to the sick poor or opportunity for instruction to medical students. Dispensaries must play a much larger part in caring for the health of the general population, irrespective of financial condition or relationship to medical education.

The problems of the teaching dispensary are of particular importance. Besides the adequate care of the sick it has an added responsibility in the instruction of medical students and the advancement of medical knowledge. It is the main source of material for the investigation of many chronic diseases before organic changes have taken place, and also affords opportunities for study of minor ailments. It should be the center of the dissemination of knowledge for the prevention of disease, of prophylaxis, and of the manner of living.

In planning to meet conditions every effort should be made to maintain the accepted standards of dispensary work and guard against any hurtful interference. The work will have to be done by a smaller number of men. Those who remain at home must carry burdens up to the limit of their strength. Therefore, we must consider a plan of or-

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ganization which will provide for the conservation of the time and energies of the staff and supplement their work by others. In so far as it is possible to do so, the members of the staff should be relieved of administrative duties and routine work. Members of the house staff should actively participate in dispensary work. One of the senior house men whose duties in the hospital are of such a nature that he will be familiar at all times with the number of patients in the wards and the medical problems which they present should be in the clinic each day and have charge of all administrative detail. All patients recommended for admission into the hospital should be handled by him.

Every effort should be made to have a well-trained physician in charge of the clinical laboratory in connection with the dispensary. There is possibly not any one factor which will mean more to the staff and to the service rendered to patients than a well-equipped laboratory with a competent physician in charge who will direct the students in their examination of specimens and do the work himself when called upon to do so.

In many teaching dispensaries it is customary for students to work in the general clinics of the dispensary during their third year, when they require the maximum amount of supervision. By rearrangement of teaching schedules so that the students will be in the general clinics during their fourth year, at the same time that they are having their hard work, they can be of great assistance in carrying on the work of the dispensary. They will also have the opportunity to follow in the wards patients admitted from the dispensary, and likewise to follow in the dispensary patients discharged from the wards, who return to the dispensary for observation and treatment.

The services of clerks or stenographers in large clinics would be of assistance to the doctors. In addition to taking special notes and doing the clerical work of the department they can look after details of clinical management. The installation of telephones in the clinics so that physicians can keep in close touch with their offices, and interns with the patients in their wards, is a time-saver and a great convenience to the staff.

In almost every community there are considerable number of intelligent young women who are eager to volunteer their services to hospitals and dispensaries in any capacity in which they can be of greatest usefulness. When these volunteers are properly trained they can be of great assistance in carrying on the work of the dispensary. The fol-

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lowing suggestions are some of the ways in which they can be useful: to assume responsibility for histories and patients until they arrive in the hands of the doctors; to distribute and collect histories; to separate different classes of patients who are being treated in the same department—as the old from the new patients—and get together those who receive the same kind of treatment—as cases for massage, baking, etc.; to see that patients understand what to do and where to go when they are to have an *x*-ray picture taken or a Wassermann test made; to take patients to other departments for consultation and to escort those who are recommended for admission to the admitting office of the hospital; to operate the following system and to send cards to patients, or in some instances to visit them in their homes when they do not return for treatment and when the doctors feel that it is important for the patients' welfare that they do so. Some of them can be used to explain to patients the doctor's orders and assist in holding classes of instruction for groups of patients, as the tuberculous, the cardiacs, the nephritics, the diabetics, etc. These volunteers should be trained and work under the direction of the social service department.

Charitable societies are facing unusual problems during the war. The charity organization societies of all our large cities have many families in which illness or incapacity is the chief causative factor in their dependency. The rehabilitation of these families must depend in large part upon the restoration to health of the incapacitated member. Before a plan can be made for such families, the charity organization society must know the physical condition of the individual in question and the prognosis of his case. This is a service which a good dispensary or out-patient department can and should render. We are all called upon for such service frequently. Those who ask for it often complain that we do not render it efficiently or cheerfully or promptly. The dispensary can render its best assistance to the Red Cross by assuming responsibility for the medical care of persons referred to it by the civilian relief committtee.

Last year, a questionnaire was sent out to charity organization societies of all the cities in the United States of 50,000 or more population, asking particularly concerning the efficiency of the dispensaries and out-patient departments from the point of view of these societies. The answers naturally set forth both good and bad qualities of these institutions. The chief complaints were that many of the out-patient departments did not follow up patients who should be kept

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under treatment, leaving the responsibility for the continuance of treatment with the patient or with some outside agency who might be interested in him. This, of course, means a certain degree of inefficiency. Others complained, as mentioned above, that they had great difficulty in securing adequate information concerning patients in whom they are interested. Practically all of these organizations felt that the establishment of efficient social service departments has greatly facilitated coöperation and has increased the efficiency of the out-patient departments generally.

Requests for suggestions as to how dispensaries might become more efficient brought out points that may be very helpful. Here are some of them:

"That workers from medical institutions and those from relief agencies meet at certain definite periods to discuss and talk over plans for those cases in which both are interested."

"We would like to see the dispensaries work out some plan for following up medical treatment in the home. If a patient who has been receiving dispensary treatment becomes too ill to attend the dispensary and is not ill enough to go to a hospital, we are obliged to send the county doctor into the home. He has not had the benefit of the record at the dispensary and has no previous experience with the patient, so that his treatment must necessarily be carried on independently of the medical history and plan for the patient made by the dispensary physician. Much suffering could undoubtedly be alleviated if dispensary doctors would work out some plan for continuing treatment in the home under their supervision."

"General night clinics for workingmen and women. In seeking cheap treatment they are often forced to go to quacks or neighborhood doctors, who are often unskilled and sometimes unscrupulous."

"Intrepreters for foreign-speaking patients."

"Patients are frequently not given instructions which they understand about taking medicine. This is, of course, due in many instances to lack of interpreters and in others to the fact that the dispensaries are overcrowded and the doctors consequently in a hurry."

"That in cities where there are a large enough number of them, the medical workers and dispensary officials organize into a group that may be helpful in standardizing medical service for the poor and promoting a fuller realization of its social significance."

Dispensaries can greatly increase their service to their communities through coöperation with other philanthropic

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and social agencies. Relief organizations, corrective agencies, and out-patient institutions are often working on different phases of the same problem. Each can be more efficient if it knows what the others are doing. Working in harmony, they may solve the problem; working otherwise, they may only complicate it.

To make this possible, every dispensary must have two things:

1. A definite policy of coöperating with outside charitable societies.

2. A well-organized social service department as an essential in making such a policy effective.

This committee has considered carefully the work which should be undertaken during the coming year. Certain problems are of especial medical importance at this time within the dispensary field.

1. The Handicapped: The war will doubtless send back thousands of men who are more or less disabled, but who by medical care or special training can be fitted to support themselves either in whole or in part. A national commission is studying this problem. But when it comes to working out the details of the medical care required for the handicapped in each community, local provisions must be made, and the dispensary, through special clinics, must come into this scheme. A study of this from the standpoint of the American Hospital Association, with the aim of planning how out-patient departments in each community can assist in the care of the handicapped, might be quite timely.

2. The examination of soldiers or prospective soldiers has made it familiar to all how great is the need of dental care. This has been well known to the experts, but is now popular knowledge. The demand for dental services among the population as a whole will be increased and dental services will be more intelligently used than formerly. There should be a special study of the standards and methods of dental clinics and of means of providing them in connection with existing hospitals and out-patient departments, rather than through new buildings.

Among many suggestions for future work which have come to the committee from superintendents of various hospitals, the three previously mentioned—pay clinics, care of the handicapped and dental clinics—have been referred to most often. The subject of dispensary abuses comes up this year as always, though there is some reason to believe that this agitation will be diminished by the war. In so far as this subject raises real present issues it should be dealt

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with by this committee of the Association in the ensuing year.

3. In recent years dispensaries have developed rapidly not only in large cities, but also in cities of moderate size, and of late have been frequently established in connection with industrial plants. The needs for dispensary work of communities of different sizes and the kinds of dispensaries that ought to be maintained require special study. One superintendent suggests that this committee undertake next year the following:

"Make a study of the needs of various grades of cities, of those of 25,000, 50,000, 100,000 inhabitants, etc., of an industrial community compared with a university community and many other classifications. The committee may aid in outlining a definite organization for each class. Show by printed reports the possibility not only of free dispensaries, but also of the pay clinic, and be ready to assist in the organization of either."

From letters and inquiries which have come to us, the committee is led to believe that there is unusual interest in dispensary work at this time, and that there is a demand that the standards and the special information which have been worked out in previous years by the committee on out-patient work of this association, and by other bodies concerned with dispensaries should be placed more widely in the hands of superintendents and other officials of hospitals and out-patient departments. We believe this demand to be fairly wide-spread. In our opinion much can be accomplished to improve dispensary work by more general dissemination of concrete information as to standards and methods of out-patient work in general, and in particular with reference to the needs and possibilities during war-time. The committee believes that, during the coming year, opportunity should be afforded for this committee to circulate among the dispensaries of the country the information now at hand and collect and distribute new information of especial timeliness.

Under the by-laws of the Association the committee on out-patient work is empowered to take such action, but some funds will be necessary. In continuing the committee under the by-laws for the coming year, a larger appropriation should be provided. The sum of $500 is needed for the work, about $200 of which would cover the expenses of meetings; the remainder would be required for clerical work, printing, and postage. The committee realizes that

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the finances of the association may not permit of such a fund being appropriated and is, therefore, asking that $200 be appropriated by the Association. The remaining sum must be raised in some other way.

In conclusion, the Committee has been especially interested this year, I think all three of the members, by the interest shown by the superintendents of representative institutions in the necessity for adapting the work of dispensaries to meet the two great conditions that face us, the shortage of medical superintendence in the institutions and the shortage of medical service outside. In so far as this Association can assist in solving these problems, we are helping in the national cause.

This committee consists of the following members: Michael M. Davis, Jr., Boston Dispensary, Chairman; John E. Ransom, Rush Medical College Dispensary, Chicago; Ralph B. Seem, Johns Hopkins Hospital, Baltimore.

THE CHAIRMAN: You have heard the reading of the report of the Committee. What is your pleasure?

DR. A. R. WARNER: I wish to supplement the statements of that paper in the matter of the pay clinic from personal experience. Some time in April we started one. I thought I had a task. I thought the doing of it would be something; I found it was very simple, indeed, so simple that I wish to outline the whole program that those who contemplate complying with the paper's recommendations and the country's need, may know what they are up against or, in better words, what they are not up against. In April I put before our trustees the recommendation that we start a pay clinic. I explained that a pay clinic meant that it would eventually fully pay for itself, that is, not be a drain on the hospital's resources, but at first, it would necessarily run behind. I was asked to estimate the time that it would run behind. I thought it would run behind for the rest of this year, and so stated. Several of the trustees quickly volunteered to make that good and told me to go ahead. I went ahead and started the clinic only in two departments, syphilis and genito-urinary, three nights a week, evenings; the charge was 50 cents per visit, and they paid a charge, ordinary drug-store prices perhaps, or less, for medicines, certainly much less for many drugs, salvarsan, and other expensive chemicals. The income the first month was, as I recall it, $40. The income last month was about $240. The expense of it is about $250 a month. We did not quite pay expenses last month; I thought we

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were going to, but unusual expenses brought the thing just over the line. Next month I am sure that we will pay expenses and from then on we will pay expenses, because it is growing every week and the additional funds will be used to start other clinics and soon we hope to have a full evening pay dispensary running. The work of organization was extremely simple. If I should do it over again, I am sure it would not take me one hour; I don't think it need take any hospital, particularly a hospital having a dispensary attached, longer for all employees. I arranged with the proper selected hospital employees to spend the extra time, three evenings a week; they were very glad of the extra time and the extra money which was paid for that service. Only one of the entire list was a dispensary employee. It is, therefore, not necessary to have dispensary employees in your institution to get together a force to run a pay clinic. We allowed the hospital what we thought a proper figure for overhead expenses, heat, light, etc. We paid physicians five dollars a night with the understanding that their work would be finished in two hours and that if, at such time, it became necessary for them to spend longer, either the question of additional remuneration would come up or more men would be attached to each clinic. It will be necessary soon to attach more men to the syphilis clinic. It was necessary to have a clerk for admission and record. It was necessary to have a head nurse who also assisted in the giving of salvarsan. It was necessary to have an orderly and the physicians, and that's all we needed. I can certify that it will be no trouble to any hospital with or without a dispensary; certainly if you have a dispensary and the dispensary rooms and the dispensary equipments, it is no trouble at all to establish a pay clinic. I will say also that the patients of this pay clinic are the most grateful I have ever seen in a hospital dispensary or any other kind. They are getting what they know to be proper treatment, at a time and at a price within their needs. There are no idle men in Cleveland these days; these men and these women are working; they can earn more than 50 cents in the afternoons, which they must lose to attend a free clinic, and they cannot get in Cleveland proper medical attendance, in large numbers, in the evenings. Only a few doctors capable of handling these special diseases have evening office hours. I have never seen such grateful patients. We have done no advertising; the existence of this clinic and the growth of it has been due practically entirely to the new patients that the old patients have brought in; the addition otherwise

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has been very slight, and that comes from the free clinic. Occasionally a patient is found in the free clinic that really belongs in the pay clinic evenings and is advised to go to work and stay at work all day and come down to the pay clinic. The dispensary abuse problem in Cleveland is practically ended anyway. The physicians of Cleveland are showing more disposition to make use of our diagnostic and consultation opportunities than they are to complain about dispensary abuse. There has been no complaint whatsoever in regard to the pay clinic—none whatsoever. There have been numerous applications from physicians for positions in the pay clinic—more than we have positions to give. We will not lack for men; we will not lack for patients, and they are the most grateful patients that Lakeside Hospital or Dispensary has.

Dr. J. E. Ransom, Chicago: Just a word about the cooperation of the dispensary or out-patient department with the Red Cross. It seems to me that is one of the ways, perhaps the best way, in which a dispensary may do its bit at present, that is, in giving treatment to patients who may be referred to the dispensary by the Committee on Civilian Relief. I think all of us are agreed that no family that sends one of its members into war should become an object of charity; but on the other hand there are families, many of them, in our large cities, especially, who are now recipients of charity of some kind or other, whose young men are going into the service of the country. These families are coming to the attention of the Red Cross because in all these cities they are coming to them for relief of various kinds and the Red Cross can better do its work, just as the charitable organization society of any city can better do its work, if it has medical service of the highest type, so that it may be advised as to the condition of members of the family who might be earning money or of members of the family whose future condition might be prevented if they had adequate medical relief. This means, in our large cities, a very active coöperation with the Red Cross in the matter of districting the city, in knowing just where to send these people for adequate medical relief, that being done in some of our cities. It may be that in other cities it is up to the hospitals and dispensaries to take the initiative in the matter and to express to the Red Cross their willingness to serve in this particular capacity.

Miss Pipky, Milwaukee: I should like to ask Dr. Warner whether he would exclude the free patients on the pay

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nights, and why would he have that just for pay patients? In other words, why would he discriminate between the two? Is there necessity for it?

DR. A. R. WARNER, Cleveland: That is a question that has come up very often and a question that I considered very carefully. I decided not to make a point of admitting free patients at the evening clinics, for two reasons: one was that if they were not employed, they could come in the daytime, and if they were employed, they had money to pay in the evening; the rate of wages in Cleveland is such that any man or woman can earn more than fifty cents by working in the afternoon; therefore if they worked, they would have money to pay; if they did not work, they did not need to come evenings. The other point was that it seemed advisable to me to avoid entirely anything which looked like charity. Those patients understand fully that they are not charity patients; they know they are paying their way. The doctors know that everything is paid and not one thing is allowed to creep in which will make it embarrassing for any man or woman on the basis that they are receiving charity or aid from anybody. For that reason again I did not wish to mix the strictly pay patients and the free patients. If it is necessary at some time to run a free evening clinic, that is another problem, but we were dealing this time, at least I was dealing this time, with a pure pay proposition and the most important point of that, for its success and to make it reach the class of people that I really wanted to help, the self-respecting working class, I felt it was necessary to avoid everything which in any way could be interpreted as charity. For that reason I have kept the patients separate.

DR. RANSOM, Chicago: Do you run a free clinic for people who are working?

DR. A. R. WARNER, Cleveland: Of course, but they cannot be working the full time and attend the day clinic; that is impossible because the day clinic is held in working hours; they must either lay off or else work and come to the night clinic.

DR. JACOBSON, Cleveland: I am very much interested in the discussion as it relates to the evening pay clinic. I notice that considerable discussion relates to the people who attend day clinics and their admission to the night clinics. In the middle of December, 1916, our hospital at Cleveland opened up with what we considered a sufficient

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clinic for the treatment of syphilis and genito-urinary diseases. We came to the conclusion that if we were to be of service to the community, we would have to be of service to the same individuals whether they could pay or could not, just so long as we did not keep them from losing any time and work, and with that in view we have tried as far as possible to shift our cases from the day clinic to the night clinic. Our charges are from nothing up to fifty cents, depending on the social conditions and financial income of the applicant.

MR. JOSEPH GEFFEN, Philadelphia: I would like to ask Dr. Warner whether he has made any observation, whether or not he found any of the patients who came from the free clinic, any of them coming to the pay clinic?

DR. A. R. WARNER: Yes, there were many who had difficulty to get off from their work. Except for those brought in by former patients, that has been our entire source of patients, but that has been less than the other. There were many attending pay clinics, especially in syphilis and genito-urinary, who attended at considerable difficulty and financial loss to themselves; they lost half a day, and when we found that a person was actually losing money by attending the day clinic over the night clinic, then the social service department arranged the transfer; if they were earning more than fifty cents in the afternoon, then they were transferred, which relieved a good many that had not steady jobs and who had troubles that did not prevent them from working all the time anyway.

DR. H. J. MOSS, Baltimore: I wish to say a few words in behalf of the report that was delivered by Mr. Davis. I wish to admit that he was quite optimistic in his views about the problem that will confront the dispensaries in the year that is to come, and I wish I could be as optimistic as he is. We have not been fortunate enough in our institution to look at the bright side of the dispensary development for the coming year. You know some few months ago, the Committee on National Defense addressed a circular to all the hospitals, I think, in the country, requesting that they reorganize the hospital and dispensary staff for war purposes, requesting at the same time that we make these staffs as small as possible. I believe that every institution has done so, but in the last few months it seems that the Council of National Defense has been forced to call upon the very staffs that were reorganized into the government ser-

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vice, and this, of course, has hampered the work of the hospitals, and the question is what are we really going to do? In our own institution, the Hebrew Hospital of Baltimore, we have been obliged in our dispensary to close three departments. We could have conducted those departments in some slip shod manner by inviting, as Mr. Davis suggested, some of the general practitioners within the city to come and take temporary charge; but we felt that rather than do the work in a half manner, in the least efficient way, we'd rather close it up entirely and what this coming year is going to bring I cannot say, and I think the Committee on the dispensary should really study this question. If they can find some advice to give to the dispensaries throughout the country, I am sure it will be more than welcome. Not only does this question affect the dispensaries, but even the hospitals. Several departments are entirely discontinued. The men of the general staff are already doing more work than they can actually accomplish; for instance, in our hospital in the dispensaries, the medical clinic is doing now the neurologic service and the surgical clinic is taking care of the orthopedic work; the rectal clinic, another department. It means that we will have to close down our special departments and concentrate on the principal departments of medicine and surgery.

Mr. R. P. Borden, Fall River: I am glad this matter came up because it throws light on the relationship not only of dispensaries, but of hospitals, to governmental work. At the last meeting of your trustees it was determined to find out what was to be the function of the hospitals in this emergency, and we started to investigate. As Mr. Davis has suggested, in the first place we want to know how we can help the government in the dispensaries, and in order to know how, we ought to know what the government would like us to do. There is another side of the proposition, that if the government has not due regard for the organization of hospitals, our work is not only sadly handicapped with relation to civilians, but also our military service. On inquiry at Washington we learned that a Committee has been appointed by the Red Cross War Council to investigate the hospital situation and advise with the government with regard thereto, and on that Committee Dr. Goldwater was Chairman and Dr. Winfred Smith was one of the members of the Committee, and the trustees felt that with two such efficient men studying this problem it was useless to duplicate efforts and therefore we proceeded no further.

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Now the trouble is that apparently this Association, the people whom it represents, the vast organizations that it represents, are not being made available with their experience and knowledge on these questions, and I very much fear that unless some active work is done by an organization like this, a great deal of money will be wasted and worse yet, a great many of the men and women who are in positions as nurses will not be used to the greatest advantage. I think this same question will come up repeatedly as this meeting progresses. The solution of the problem is going to be difficult and what I wish to suggest now, Mr. Chairman, is that the members of this organization shall keep this question in mind so that by and by, later on in session, we shall be able to act most advisedly for the benefit, not only of the civilians whom we always have helped, but the soldiers whom we earnestly desire to help.

MR. DANIEL D. TEST, Philadelphia: Just for the information of the members I wish to say that one of the questions which we have thought to put before the Association at the round table meeting on Thursday was just this very one. The question had been thought of before I had seen the program and I did not know of one or two papers which will be read between this and Thursday afternoon, and will also bear on this subject. Perhaps we will have it all talked out before Thursday afternoon. If we have not, I hope you will save some steam until that time.

MR. JAS. GEFFEN, Philadelphia: I would like to ask Dr. Warner whether he has made any effort to note whether or not patients who came to the pay clinic could afford to pay the regular specialist's charge, and if he has, what disposition would he make of them?

DR. A. R. WARNER: Mr. President, if a patient should attempt to come to the pay clinic evenings who can probably pay a specialist's fee, I would not feel justified in taking him. However, owing to the small numbers who have come so far, that has not been a problem. However, we know that such cases will in time come and I am prepared to handle them plainly and directly. They will not be treated in the pay clinic if they belong in the specialist's office and can properly be expected to pay their fees.

DR. JOHN A. HORNSBY, Chicago: I cannot allow Dr. Moss's attitude to go unchallenged. As President of the Board of Medical Examiners in Chicago for the examination of medical officers for the army, it is my duty to press into

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service eligible medical men, and this question of the reorganization, of the re-creation of medical staffs in hospitals is a most interesting one, where staffs are depleted sometimes only in small part and sometimes in large measure. Not only the staffs of visiting men, but the staffs of interns. We have found that the government does consider the civilian hospitals. Only a few days ago came the proclamation of the President and Secretary of War that interns and medical students under certain circumstances would be excused from active service in the army. The civilian hospitals have their duty in this war, they have their obligations, they have their opportunity, and the interns should have a tremendously greater amount of support than seems just at the moment to be forthcoming, but which must come and which must come only in the event that we invite it and deserve it by our own conduct. Dr. Moss says that he found that he could not reorganize his hospital. Is that possible? Can he have made a real effort to reorganize his staff? The medical service of the country devolves upon men of certain conditions of life. In the first place, they must be physically eligible under the examination restrictions. Next, they must be within certain prescribed years of age; they must be able to give an active service as soldiers, in a sense. Some who are here now have been refused admission to the medical corps of the army, although they would have been splendid medical officers but for certain disqualifications. Aren't there enough of those to make up medical staffs that are being depleted? It seems to me that it is the duty, as well as the privilege, of hospital administrators and trustees to go out and find those men and those women in the medical profession who can fill the places that are left vacant by men eligible for active army service. I am astounded! I know Dr. Moss; I know his ambitions; I know his ability, and I am astounded that he should be struck right on the very threshold of his preparation for war and throw up both hands and say "We can't do it!" We can do it, ladies and gentlemen, and we must do it!

Dr. H. J. Moss, Baltimore: I fear Dr. Hornsby misunderstood the tenor of my remarks. We have reorganized our hospital; in the rectal department, you may have three or four men who have specialized in this particular line of work and have acquired efficiency, and when two of these men are called, it is natural that one or two men will not take care of the rectal work of three, four, five, or six hospitals in that community.

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DR. HORNSBY: Specialize some more.

DR. MOSS: Well, I say the specialist must be set aside and rightly so. The only exception I took to Mr. Davis's report was this: he said we must continue with this very efficient service. True, but it must not be expected that we will do the same efficient work we have done before and attain the same results when all these men are called away. I fear Dr. Hornsby misunderstood me.

DR. HORNSBY: No, I did not. You said you have dispensed with two or three departments: don't dispense with any departments; fill the departments you have and fill them with available material, and if you haven't the material, go and build the material.

THE CHAIRMAN: One of the keynotes, I think, of this meeting should be that we don't know such a word as "failure"; we don't know such a word as "unpreparedness." It is a very poor way to start into any great endeavor defeated and acknowledge it. We may start in defeated, but we don't want to know it until the conclusion is forced upon us. We can, as you know, continue this discussion indefinitely; at the present moment there are in this house a dozen men, all able and well qualified to discuss this question. I might say that there are in like proportion four dozen women; but Mr. Test said that he would like to have some of this subject left for his meeting, and I think it is the proper place for it; you will be closer together and can talk more intelligently and more intimately at that time. Therefore, if there is no objection, I am going to ask some one to make a motion to refer this report of Mr. Davis to the business meeting for consideration there. You may have missed one thing in this report which asks for $500; none of the officers missed that, they all saw it, the Treasurer particularly. For that reason I should like to have it brought up again before the business meeting.

It was moved and carried to refer the report to the business meeting for further consideration.

THE CHAIRMAN: The next paper to be brought to the attention of this Association is, "The Venereal Disease Problem and the Hospital," by Dr. Wm. F. Snow. Is Dr. Snow present?

SECRETARY WALSH: Dr. Snow has been detailed in the office of the Surgeon General, and is unfortunately unable to be present. He did not expect to prepare a paper, but

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expected to discuss this matter before the Association with the hope that it would bring out considerable further discussion, and his last request was that some one would start the ball rolling.

THE CHAIRMAN: Of course, this is one of the most vital questions, I think, now affecting hospitals in this and every other country. If it is the sense of the Association that we would like to have a discussion without the paper or get some informal statements from members I can call upon them, I can call upon certain of our members who are more particularly working along that line, or we can pass to the next paper. As there seems not to be any response to this, I will pass on to the next paper, which is "Publicity as a Means of Education and Support," by Dr. Frederick D. Greene.

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PUBLICITY AS A MEANS OF EDUCATION

DR. FREDERICK D. GREENE
N. Y.

This morning, in the classic town of Oberlin, I was lunching with two delightful old ladies. As I was trying to think of something sufficiently refined to use as a topic of conversation in such company, one of the ladies started to tell a story. She said that in the city of New York there was a certain aristocratic family which had a scapegrace son. The son had disappeared for many years and a rumor came to the family that his body had been discovered and taken to the morgue. The father, accompanied by the undertaker, went to the morgue, and after an examination of the remains, which were not in very good condition, he nevertheless concluded that he had identified his long-lost son. He said that although the boy had been no credit to the family, still he wanted him to have a first-class funeral, and gave instructions to that effect to the undertaker. Just then the jaw of the corpse relaxed and disclosed a set of teeth that proved that the father had made a mistake. The father hastily retreated, and the undertaker, after another look, said: "You poor fool, you could have had a swell funeral if you had kept your mouth shut." Keeping your mouth shut is a good way to avoid publicity, is the subject of our paper, and it has occurred to me that that is the reason why some hospitals publish no report and answer no questions; they realize that it is time for them to be buried, and they want to get a first-class funeral.

In charitable matters, "Let not your right hand know what your left hand doeth" is good advice for the individual; but for a public institution a better motto would be, Do all the good you can, to all the people you can, and let as many as possible know it. Letting as many as possible know it is publicity.

How far some hospitals are from appreciating the importance of publicity may be illustrated by a few snapshots from my mental kodak.

"What do you do with reporters?" I asked the superintendent of a large hospital.

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"I wouldn't let a reporter into the building. I had to drive one away twice last week," he replied.

His manner reminded me of a down-East farmer who declared that no tramp should sleep in his barn. And yet this hospital is doing an excellent work for the poor and is quite dependent on voluntary gifts, amounting to over $100,000 yearly. The foundation of its charitable income is quite insecure, resting like an inverted pyramid on very few contributors. If the leading benefactor should die without providing an endowment of at least two and a half milllon dollars, over three thousand free patients would have to be turned away yearly until a new body of contributors was developed.

Desiring to secure well-merited recognition for a crippled children's hospital, I offered to publish some pictures showing the excellent results attained. The progressive young superintendent with regret informed me that the leading surgeon was opposed to such publicity as being sensational and unprofessional.

A dentist who for years has given valuable time in a free clinic for school children was almost driven to sever his connection because he had offended rivals by allowing himself to be photographed at work, to illustrate a newspaper article intended to popularize this charity.

Not long ago I learned of a well-known but antiquated hospital of which half the beds were empty. A visitor seeking information was rebuffed on the ground that the public was giving almost nothing and was not entitled to investigate it. Within a month a certain lady, whom it would be harder for a financial agent to discover than a needle in a haystack, confided to me that she had lately cut out from her will a $30,000 bequest to that hospital and given it to another which she knew more about. There was no connection between the particular visitor who had been rebuffed and the lady, but there was a connection between the general atmosphere of that hospital and the loss of $30,000.

These cases are not cited as typical, but rather as "horrible examples" that are passing away. The value of publicity is now generally appreciated, certainly by this audience. What we are here for is to exchange practical suggestions how we may secure it.

Let us remind ourselves at the outset that the subject reads "Publicity as a Means of Education *and* Support." This is a recognition that the two objects, education and support, while related, are worthy ends themselves. That

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is to say, the popularizing of its knowledge and experience in the cause and cure of disease is a legitimate function of a hospital as well as a means of securing support. Indeed, a fully endowed hospital with no need for money, if you can imagine such a thing, might well devote some of its energy to teaching people how to avoid becoming hospital patients. Are not hospitals as a whole somewhat behind the times in this matter? We have had for years university extension, library extension, agricultural extension, public school extension, church extension. Why not hospital extension? Boards of health are recognizing that they have a teaching function and are exercising it through the press and by bulletins, advertisements, lectures, etc.

Some hospitals have already made a good beginning in this line. Training schools for nurses have long been an integral part of their work. The opening of hospital wards for the clinical instruction of medical students has proved advantageous to both hospital and college. Mothers convalescing after childbirth are taught how to feed, bathe, dress, and rest the baby, and how to care for themselves. Instruction given to tuberculous patients may well be extended to other classes. The out-patient department offers an unlimited and very profitable field. Visiting nurses and social service workers are also essentially teachers if they realize their full opportunities.

Due emphasis in the publicity campaign should be given to all these educational activities. There is no doubt that they would attract the favorable consideration of discriminating givers. Witness the large amounts that are being continually poured out for education in other lines. "What is its educational value?" is one of the first questions of the Rockefeller Foundation regarding any object.

Coming now to the practical problem "How can publicity for a hospital best be secured?"—I would suggest:

1. The president and the chairman of the executive committee, especially, should be alive to the importance of making effective provision for interpreting to the public the activities and wants of the hospital. Money well used for this purpose is well spent. All hospitals maintained by taxation or by voluntary gifts are public institutions. They are under moral and should be under legal obligations to give a full account of their stewardship. It is often necessary to educate a board of trustees. The best way may be quietly to do some good publicity which they will see should be extended. In the case of municipal, county, or state institutions, it is not well to rush into print regarding abuses

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or bad equipment until the matter has been clearly put before the responsible authorities. But if they refuse to make proper provision there should be no hesitation in giving full publicity to bad conditions. No man is fit to be a public official who is disloyal to the public—the major partner.

2. Some definite person should be in charge of the publicity. This person may be one of the officers or the superintendent or an outside expert, either voluntary or paid. Good publicity involves so much journalistic instinct and experience and such technical knowledge that it cannot be secured without the advice of one possessing these qualifications. Moreover, the thought and time required are more than can be expected from the average superintendent burdened with numerous harassing details. And, again, those who are engaged in the actual work of the hospital are too close to it to see it in its proper perspective. Under a constant routine they grow blind to the features that have news value—that are unfamiliar to outsiders, picturesque, humorous, pathetic, and romantic. There is, therefore, a psychological as well as a technical need for someone who can approach the subject with freshness of spirit, and lightness of touch. In every community there are newspaper men, advertisers, and artists who will be glad to "do their bit" along this line if the matter is properly put up to them as a social service.

3. Do not expect bricks without straw. Newspaper men as a class are public spirited and sympathetic and can be trusted, but they are not omniscient. A hospital superintendent cannot spend his time better than in enlightening a reporter so that he, in turn, may educate the public. "A nose for news" is one of the chief assets of a good publicity man. Utilize his instinct and cultivate a "nose for news" yourself. Even trifling incidents, if unusual, will serve as a peg on which to hand many a "story" for the papers. Life is so much of a repetition that any bit of color is welcomed. But unless these incidents are watched for and preserved they are lost. The admitting officer, the house staff, the nurses, the social service visitors, the dispensary workers, the treasurer—all should be encouraged to notice and report anything of possible news value. Whoever is in charge of the publicity can use the incidents not only for the press, but also in circulars, in the annual report and in letters of appeal. Hospital statistics we must have. But at best they are the bones of the subject, necessary for strength, but un-

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attractive. Clothe them with flesh and blood and make them pulsate with heart-throbs.

4. Form and time have much to do with newspaper availability. Half a dozen paragraphs on different days are more likely to get in and will do more good than a three-column article. As Saturday and Sunday produce little news, Monday papers will often carry matter that would be crowded out on other days. Remember that good copy is likely to fail of insertion if received too late. The effort to smuggle appeals in with news is not wise and may throw out the whole. Items of real value carry their own appeal. It is always safe to leave out the "moral of the story." Don't depend on pull with the editor, or try to go over his head. Make your stuff worth while or you will wear out your welcome.

5. Cultivate good will. It is too much to expect that the general public will retain many statistics about your hospital. People read so much and so carelessly that their minds become like sieves, often with big holes in them. But, though they do not retain many facts, they do retain impressions, and it is their impressions upon which they act. See to it, therefore, that, with the facts to justify it, you establish a reputation for doing a large work, vital to the community and permeated with genuine sympathy. There is a wide-spread impression that a hospital is a cold, cheerless, impersonal place, wrapped in officialism and tied up with red tape. As a matter of fact, a hospital is a place where people come in pain and find relief, come in weakness and go forth strong, come despondent and return with courage. There are few families that do not have grateful memories of what a hospital has done for one or more of their circle. Capitalize this feeling.

Publicity is turning facts into news. The hospital must furnish the facts. It should be able to give straight answers to all fair questions regarding its work, income, and expenses. Its statistics should be significant, accurate, up to date, and uniform with the practice of the best hospitals. Uniformity presupposes standards, the establishment of which is one of the most useful services that the American Hospital Association can render. The efforts now being made in this direction are very encouraging. Much has been accomplished in New York as a result of a conference held ten years ago, which recommended a system of uniform hospital accounting. A full printed description of this system can be obtained by sending to the superintendent of

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the Presbyterian Hospital, New York City. The United Hospital Fund of New York has accelerated the adoption of this system by requiring that it be followed in the reports made to the Fund by all hospitals which receive its appropriations. A modified form of this report blank has been adopted by the Cleveland Hospital Council. These reports must show, among other items, the number of free patients, public charges, part-paying patients and full-paying patients, together with the number of days of treatment given to each class. They also show the cost of the hospital work proper, of the out-patient department, and the corporation expenses. Without the careful segregation of such items, hospital statistics are useless for comparison, and per capita costs mean nothing.

When the daily per capita cost for ward patients in distinction from private patients was first required, some hospitals asserted that there was no difference, or that if there was it could not be ascertained. They were gently but firmly informed that the appropriations of the United Hospital Fund were based upon the number of free days of treatment given by each hospital, and that these days could not be calculated without knowing the per capita cost of ward patients. All our forty-six hospitals are now furnishing these significant figures, though some of them have had to improve their bookkeeping greatly and introduce proper auditing methods. This, however, has proved a distinct advantage in providing better control over expenses. More accurate data have furnished also a basis for making more convincing appeals, and a ground for securing higher compensation for city cases and for patients coming under the employers' liability law.

Both good publicity and good business demand up-to-date methods in hospital statistics and finances. These matters should receive the personal attention of superintendents and treasurers, guided by whatever expert advice they may need. Too often they are left to inexperienced clerks whose work contains glaring errors, damaging to the institution. Even where there is a good system of bookkeeping, the treasurer's starement in the annual report is sometimes so vague and unintelligible as to suggest the intent to conceal rather than to give information. I knew of a business man who was about to withhold a gift from a hospital whose statement of expenses contained the following large general amounts, which should have been analyzed and distributed under intelligible items:

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General expense	$26,772.44
General supplies	91,129.98
Hospital expense	12,424.15
Hospital Association	3,409.65
This made a total of generalities	$133,736.22

I took pains to convince the gentleman that the hospital, nevertheless, was worthy and also to convince the treasurer that a policy of obscurity does not pay.

The United Hospital Fund of New York tabulates the uniform statistics of the work, income, and expenses of its forty-six hospitals and publishes them on one large sheet. This shows at a glance the condition of each hospital and its relation to the others, and gives a bird's-eye view of the whole field.

Charitable Advertising

With your permission, I will use my first experience in charitable advertising to illustrate some of the factors of success in this form of publicity. Over ten years ago we were trying to establish a new hospital at Sea Breeze, Coney Island, for children suffering from tuberculosis of the bones and glands. Mr. Rockefeller had agreed to give $125,000 if the Association for Improving the Condition of the Poor would raise a like sum by June 30, 1906. Only a few days remained, and we were still $50,000 short. One morning on a half-hour railroad trip into New York, an advertisement came into my mind and was jotted down on the back of an envelope in almost its final form. It was set up the size of a magazine page, and made into a plate that could be easily duplicated. I then took this plate to the publishers of about forty leading periodicals and they readily consented to insert it free as their contribution to this cause of crippled children. Some of you may recall this advertisement, which was entitled "A Cheerful View of a Serious Situation."

The success of this advertisement was due, perhaps, to the following points:

1. Half the page was taken up by a picture of "Smiling Joe," a four-year-old cherub suffering with Pott's disease of the spine, strapped upon a Bradford frame, where he had lain for a year. This was an eye-catcher which stopped the reader no matter how fast he turned the pages.

2. The problem was focused in a concrete individual case understood at once by all.

3. The text was brief and clear, covering three points: Joe had been strapped to the board for a year, but he was

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getting well and smiling. There were 5000 like him in New York tenements, but a movement had been started to save them. The sum of $250,000 must be raised by June 30 to insure Sea Breeze Hospital, but only $50,000 was lacking.

4. The advertisement was pleasing in spite of its pathos. A picture of little emaciated Max would have shown the terrible disease more vividly. But no magazine would have wanted it. As it was, people actually cut out "Smiling Joe" and kept him on their desks to drive away the blues.

The "Smiling Joe" advertisement appeared in magazines with a total circulation of five million copies. It stimulated interest and brought inquiries from all over the United States from individuals, municipalities and state boards. Several newspapers gave a whole page to the subject. A request came from the St. Louis fair that Joe be sent on as an exhibit, which, of course, we turned down.

The value of this bit of publicity was very great for education, but disappointing for support. The direct cash returns were not over $5,000, which was less than the advertising space would have cost had it not been free. Probably many who did not send cash to New York were moved to help crippled children in their own cities, and that was one of our objects.

You will be interested to know that on the morning of June 30 we were still $35,000 short. The *Tribune* printed a two-inch editorial which I had handed in the night before. This was read by a retired business man unknown to us. He volunteered to make up whatever deficit there might be at the end of the day. This amounted to $23,000, for which he promptly sent his check. The acquaintance thus formed led him before long to give half a million dollars to the same trustees for a home to treat and to instruct poor mothers, convalescing after childbirth.

There is no doubt that paid advertisements in newspapers are worth while as part of a campaign of education for large organizations with an important social program. This form of publicity has been rapidly increasing. It has been resorted to by railroads and other corporations which desire to affect public opinion. The war relief committees and the Red Cross have found it useful also in raising funds. Where the cause is a great one and the need urgent, and with a strong claim upon popular support, paid advertising is no doubt wise.

It has been pretty well established that, for average hospitals, paid advertising does not pay in direct returns under ordinary circumstances. It may be worth while, during a

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short intensive campaign for a new building or an endowment. But even then the local press would probably donate the space. People look for the news. Advertisements may be thrust in their faces, but they instinctively avoid them as a pedestrian walks around a puddle in a road.

The limits of this paper do not permit a discussion of other forms of publicity, some of which will be treated in separate papers. Every hospital should issue an annual report and make it as far as possible a human document edited from the standpoint of the average reader. Much that now appears in hospital reports is of no use to anybody and is not even looked at by one out of a hundred. I refer to such features as the constitution and by-laws, the long pages of medical and surgical statistics, lists of former presidents, trustees, doctors, interns, nurses. One New York hospital uses fifty-two pages in listing nurses and officers. The constitution and by-laws should be printed separately for the use of the small number who are interested. The medical and surgical statistics may be tabulated and kept on file in the hospital and printed as a separate document if sufficiently called for. Medical statistics should be published in condensed and intelligible form and the same is true of the treasurer's statement. The latter should be accompanied by a certificate of audit. A liberal use of pictures will greatly improve the annual report, and these pictures should be changed from year to year.

Letters of appeal are one of the most effective mediums of publicity. They should have the same qualities required for good press work; namely, human interest, simplicity and directness. Illustrated folders telling the work and needs of the hospital in a nutshell are good both as enclosures in letters and for distribution at public gatherings. Lectures and illustrated posters have been found useful in promoting social work and might be used also by hospitals.

Personal Work

Perhaps the most effective form of publicity is that which is done by volunteer men and women who inform themselves as to the work and needs of the hospital and make personal appeals in its behalf. The mere fact that they themselves contribute and are willing to work for the hospital goes a long way in securing aid from others. Such efforts are most effective when carried on by a corps of workers under the stimulus of some active leader who may be a busy man of affairs or a woman of social leadership. Additional zest

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is given to the work if there are rival groups. Separate work may also be carried on among the young people, for instance, girls from 16 to 21 and children from 12 to 16 years of age. Such groups may be interested in working for a specific object such as maintaining or endowing a bed. There is nothing like personal service to deepen interest and make it permanent.

We must educate the public to a clear understanding of the relation of hospitals to public welfare. They are as necessary as the fire department or the police. They arrest germs that are more dangerous than burglars, and check epidemics that would be as disastrous as a conflagration. They are human repair shops, without which our cities would be choked with human scrap heaps and the whole social fabric would deteriorate.

It is a mistake to put hospital propaganda too much on a "please" and "thank you" basis. Why not seek to make the giver feel that it is his affair as much as yours? Do not approach him as a suppliant. Put yourself on his level and assume that he is as kind-hearted and as ready to do his part as a good citizen as you are. This will preserve your self-respect and win his.

To a very great degree disease is not the fault of the individual, is not within his power to control, and is not limited to him in its evil results. In other words the community—the whole of us—is largely to blame for disease. We all suffer from it or for it and every one of us must help to fight it.

The health of a community is its chief asset, and to protect it is a primary duty. Should we not work for the time when facilities for guarding against ill health will be provided by the community as widely and as freely as it now provides against illiteracy.

Like Alpine climbers, we are feeling our way upward over new and difficult places. We should, therefore, pass a rope of safety around every member of society, so that each may receive and contribute to the strength of all. Let us recognize even class consciousness, not as an evil, but as a step toward race consciousness, that is to say, human brotherhood. When we get to the point of not only professing belief in equality of opportunity for every one, but of really desiring and working for it, then strife within and without our borders will cease and wars shall be no more.

One hospital was reporting that it gave 20,000 more hospital days of free service than was physically possible. The maximum capacity of every bed was filled three hun-

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dred and sixty-five days in the year would be twenty thousand less days than they claim to give to their free patients alone. Another hospital was printing on their report that 75 per cent. of all their work was free. I wrote to the superintendent to let us know the method by which he arrived at that figure, in order that we might supply it to the other institutions. After about two weeks they reported that, several weeks ago, at an annual meeting, somebody had asked the presiding officer how much of the work was free, and he had said, in an offhand way, "Why, I would say about 75 per cent., wouldn't you say so, Mr. Superintendent?" And Mr. Superintendent nodded his head and, therefore, it got into their report and stayed there in stereotyped form. When they footed it up, they found that 46 per cent. was free. Another hospital printed the statement that its ward patients cost more than its free patients.

You probably all have got some ideas from the papers today, but, I would ask you, who remembers any of the advertisements? Probably few would remember. You walked around those as you would around puddles in the street; you don't take any notice of the puddles, you avoid them.

The hospitals of a given city might pool their issues and carry on a combined advertising campaign—perhaps that would be worth while.

THE CHAIRMAN: No one in this country knows better how to use publicity for the benefit of hospitals than Mr. Greene. His efforts are usually crowned with success. I would like to call upon Dr. Peters to open the discussion of Mr. Greene's paper.

DISCUSSION

DR. J. M. PETERS: The paper has covered the subject so carefully that I can hardly discuss it. In the Rhode Island Hospital for many years there has been an appeal for money in a systematic way. Once a year, at the annual meeting, proofs of all the reports, the President's, the Treasurer's, and the Superintendent's, are sent to the newspapers the day before to give them time to use such parts of these reports as they like and to give them time to set up such parts. We have found as a result, that our newspapers, which we think are the best advertising medium in our town, willingly give us two to three columns each year. At this time our reports for the year's work are made, and direct appeals for money are made, and I don't know of a better way to reach the entire community once a year than by this appeal made in our printed report, or previously published in the press at the annual meeting. This is done in November. In the spring we make an appeal for the children. We have a very large children's service—probably averaging 110 or 115

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children during the year. We make a special appeal to the people in town, a written appeal by mail, and this is also published, and we have built up an annual contribution of about $4000. After the annual meeting we send out what we call a circular of guarantorship. We deliberately go to our tax-books and take the name of every person taxed over a given sum and send that man or woman a circular and ask if he won't take one or two or more shares of what we call our guarantorship, we agreeing not to call on him for more than $100 a year per share, and ask him to take one or more shares. As a result of this appeal, which we have carried on for thirty-five years, we have recently collected $22,000 to $23,000 a year. We are great believers in pictures. We run newspaper stories, especially whenever we build a new building or have some new development in some new department. I have come to believe that newspaper publicity, especially that which reaches all the people, pays.

THE CHAIRMAN: I called upon Dr. Peters purposely because the Rhode Island Hospital is the big thing in Rhode Island in the hospital world, and the hospital stands very much, I think, in the eyes of the Rhode Island people. At any rate that was the impression I got on a visit to Rhode Island one time when I met the medical representatives of every community in the state. The very cordial relationship between that hospital and its various boards and the superintendent and the newspapers is one that we could wish for every hospital, and it can be done because Dr. Peters has demonstrated it for years and years. I would like to call upon Dr. Camp, of Oklahoma, who has considerable experience in raising funds through publicity.

DR. F. K. CAMP: Mr. Bacon this morning struck me on the shoulder in introducing me to some of the doctors and said, "Here is a man who has built a hospital by advertising"; but I would like to tell Mr. Bacon that there is a little more required than advertising, and that is advertising plus delivering the goods. Our methods out in Oklahoma, where so many people back in this part of the country, perhaps a little further back than here, think that the Indians still chase us over the prairies every now and then with a tomahawk, would necessarily be more radical than back in the conservative East, so I am going to tell you how we started without a dollar, have never solicited a dollar and how we are running a hospital that Dr. Babcock at the last meeting told you was one of the most up-to-date hospitals in this country. Being a business man before I studied medicine and went into the hospital business, I got a good many ideas that I thought I could utilize, so about the first $300 that we got together some way after starting into hospital work we invested in a multigraph, and we had a most solemn talk with that multigraph; we said: "Old fellow, we haven't got any money; you have got to be a 'go-get-her', or first thing you know you will be in some third-rate pawn-shop"; so we got out a letter to the doctors of the state. At that time we occupied the eleventh and twelfth floors of a skyscraper in the heart of the downtown district, and it took, we thought, some unusual publicity to get people in that new country, where so many of them were afraid of elevators and were afraid to even get up to a higher story, up into the eleventh and twelfth floors. So the things we had to advertise were not many, but through the multigraph and through paid

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advertisements in the newspapers we commenced to advertise the few advantages that we had: "Up above the dust"; "Up above the noise"; "Up above the fly line"; and "Up where the breezes blow and the air is pure"—utilizing everything that we had for publicity. We started an education, a general education of the public, to appreciate what a hospital meant to them, not to think of a hospital as a last resort, but to go early to them in case of sickness. Another thing we have tried to do along this line of education is to educate the public that a hospital is not a place where you have such long faces that your chin will drag the floor. We want them to think of it as a cheery place, and we try in the hospital, with our nurses, to develop that character in them so much that we often have ex-patients coming to us and telling us, "We got so blue that we came back to the hospital to get cheered up." Now we have an electric sign for publicity—a big electric sign that hangs over the sidewalk, and it flashes, and above that sign we believe in seasonable advertising, we take advantage of that. We have a flagpole on the hospital and the United States flag; I think about five or six have been there since the war was declared, but at night, on the roof of the hospital, we have a search-light that keeps the flag looking like a ball of fire waving there. Christmas we do the same thing: we tell the people that the spirit that prevails at Christmas time is the spirit that prevails every day in the year at our hospital. Hearing that one of the other hospitals had put in a claim for exemption for its men not going to war, we came out claiming no exemption. The service that the doctors have received at our hospital made them prepared to go and enter service,—skilled service,—and that we admired very much the judgment of Uncle Sam in calling on us to furnish them. I might pause here incidentally to say that out of the 20 doctors in our hospital service, 10 have already gone to the war and more are going. As a means of publicity we run a service car. We have a sedan car that meets all the trains when patients are coming in, and that is there to take the convalescent patients for a ride over the city, or the visiting doctors—it is at their service absolutely free.

Dr. A. Hirshfield, Minneapolis: I would like Dr. Greene to inform us how to educate the older men from municipal hospitals. That phase of education has not been touched upon. We have a very well-equipped hospital in Minneapolis, and we have a splendid superintendent, but we are cut down on our appropriation and we cannot progress as well as we would like to. We would like to know and learn how to educate our Board of Tax Levy to give us the necessary funds.

Mr. Asa Bacon: If you haven't the right kind of aldermen, get out and elect some who have the proper hospital point of view.

The Chairman: Mr. Wright has some announcements to make.

Mr. Howell Wright called attention to the Entertainment Program and added:

I want to emphasize that these are get-together meetings; we want all the delegates to know each other, and Dr. Wilson requests me to announce that he desires to take this occasion to acquaint himself with all the members of the Association. I also wish to call your attention to the organ recital this evening at Trinity Cathedral, corner of East

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Twenty-second and Euclid, just a short walk from the hotel. The recital has been arranged in honor of the Hospital Association by Mr. Craft, who is one of the leading organists and choir directors in the United States. He has arranged this program especially for this occasion. If you haven't a program of the recital, there are plenty at the registration desk. I also want to take this occasion to announce that representatives of the commercial exhibitors are invited to attend all the social functions. I will endeavor to give each one a personal invitation if I can.

There being no further discussion of Dr. Greene's paper, and he not desiring to close, the meeting adjourned.

WEDNESDAY SEPTEMBER 12, 1917

Morning Session, 9.15 A. M.

President Wilson in the Chair.

THE CHAIRMAN: The Association will please come to order. I wish to apologize to you for being late. I also wish to explain the reason why. I was unable to find a speaker whose name appeared upon the program this morning. I very foolishly did not round up the speakers last night and have them on time this morning. I promise you I am not going to allow it to happen again if I can prevent. I have changed the order of the papers this morning, and I am going to ask Dr. Howell, of New York, to read his paper on The Workmen's Compensation Law and Its Relation to Hospitals, particularly as pertaining to New York State.

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HOSPITALS AND WORKMEN'S COMPENSATION

THOMAS HOWELL, M.D.
Superintendent
and
MISS KATHARINE BUCKLEY
Compensation Clerk, New York Hospital

Since 1911 thirty-seven states and four territories representing the centers of industrial and commercial activity, have enacted Workmen's Compensation Laws. There is probably no law which is today of more general interest and importance to hospitals.

New York, in 1910, was the first of our states to enact such a law, but in 1911 it was declared unconstitutional. Wisconsin and New Jersey placed Workmen's Compensation Acts on their statute books in 1911, and these were upheld by the courts.

There is apparently no question as to the permanency of the workmen's compensation system in this country. A decision of the United States Supreme Court has upheld the rights of the states to enact such legislation. The three leading types of Workmen's Compensation insurance have been declared legal by this tribunal. These three types are exemplified by the Iowa law, under the provisions of which both employer and employee are at liberty to work under the statute or under common law principles; the New York law, which is compulsory; and the Washington law, which is not only compulsory, but much broader in its provisions, including domestic and farm laborers, and requiring all employers to insure in the State fund, thus excluding the private insurance companies.

The theory upon which these laws are based is this: A loss to the worker which is connected with and arising out of his employment shall, so far as possible, be charged to that industry in which he is employed as one of the costs of production and so distributed through the community. In other words, the cost of caring for accident cases is charged into the cost of production just as are capital, plant, labor materials, fire insurance, and general overhead expenses,

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and thus become a proper and consistent charge upon society in general.

To illustrate how the law operates: The New York Hospital is located in a district in which there are numerous cloak and suit factories. Previous to the adoption of the Compensation Law, when one of their employees was injured he came to the hospital and was treated. The hospital was not paid for the service rendered, the factory lost the services of its employee for a longer or shorter period, and its owners were in constant fear of damage suits, but the brunt of the burden fell upon the one least able to bear it—the injured man.

Now this is all changed. The hospital is paid for its work, the employer is covered by insurance and has no fear of damage suits, the injured employee demands and receives, as his right, proper surgical and other attention, and if he is incapacitated beyond two weeks, gets two-thirds of his regular wages. The burden has been shifted from him to you, who wear the cloaks and suits, as the manufacturer in determining his costs and selling prices now includes his Workmen's Compensation premium with his other items of expense. By distributing the cost of accidental injuries in this way it is scarcely felt by any one, whereas under the old law great hardship was unjustly inflicted upon unfortunate working people.

Under the old common law system when an employee was injured in the course of his employment, his only recourse was to bring suit against his employer for damages on the ground that the accident was due to the employer's negligence. The results of this system were extremely unsatisfactory, and there gradually grew up a realization that these old employers' liability laws were a prolific source of disagreement, dissatisfaction, and hostility between employer and employee.

The employee was ordinarily in no position financially, particularly in view of his accident, to bring suit. Furthermore, a workman dislikes to go to law with his employer unless he is prepared to seek employment elsewhere. Accordingly, he either compromised at an inadequate figure or was induced to bring suit by unscrupulous lawyers (ambulance chasers) who retained for their services a large share of the award. These old liability laws were entirely satisfactory to lawyers, but distinctly unsatisfactory to employers and employees.

When the employer carried liability insurance, under the old system, the insurance companies were loath to allow

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the case to get into court and sought by every means, fair and unfair, to secure a settlement before court proceedings were begun. This led to many abuses and there was much dissatisfaction on the part of employees who generally believed that they were cheated out of about 90 per cent. of what was due them.

Workmen's Compensation as applied to the workman and his dependents is an attempt to substitute justice for charity, and it gives him a certain feeling of security and freedom from worry. As applied to the employer, it relieves him of the uncertainty of a court decision, and enables him to figure almost exactly what it will cost him to provide for his injured employees, and to pass this cost on to the ultimate consumer. As applied to the hospital, it means increased income and consequently greater opportunity.

It is becoming apparent that Compensation laws will operate to decrease industrial accidents and to improve traumatic surgery.

While the Acts do not emphasize it the element of conservation is one of the most important results of the system. Employers generally are installing the most modern and accident-proof machinery obtainable, for they now recognize the importance of preventing the occurrence of industrial accidents. When employers are remiss in this respect their insurance carriers will apply corrective measures, such as a low schedule rating with a consequent high premium.

The industrial hospital is becoming a part of every large plant where the employees number thousands, and the small factories all have their first-aid rooms.

All this is necessary because employers and insurance carriers cannot now afford to give inadequate care to injured employees. They know that neglect or unskillful treatment may result in the injured employee becoming a permanent pensioner. Under the old law the employer and the insurance company feared the unscrupulous lawyer; under the new law, they fear the dishonest or incompetent doctor.

Traumatic surgery is coming to be regarded as a most important branch of medicine, largely due to the war, but partly due to Workmen's Compensation laws. At the present time the most competent surgeons in the world are devoting their attention to it on the battlefields of Europe. From them we are hearing much about the preventing or aborting of infection by means of chemical sterilization. Those who have studied this treatment believe that it has

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possibilities as a limb-saver and a time-saver. The new paraffin treatment of burns is also favorably commented on. If these innovations accomplish nothing else they will, at least, prove an important factor in directing attention to the need for better treatment of industrial injuries.

Industrial surgery in the past has not always received from hospitals and doctors the consideration that it is entitled to. Much of this work has been poor and the results have been bad. We hospital people know that this important work has been often entrusted to the least experienced interns. Continuous progress in this line of surgery may now be confidently predicted.

It is to be expected that employers with their first-aid rooms and hospitals, and insurance carriers with their staffs of paid physicians will take a considerable amount of work away from the regular hospitals, but the hospitals will still have plenty to do. It is conservatively estimated that the number of industrial accidents resulting in death in this country is about 35,000 annually, and the number of non-fatal injuries exceeds 500,000. Most persons suffering from minor injuries rush to the nearest hospital and those who are severely injured are brought in, in our ambulances.

Again there are many cases which cannot receive proper care except in first-class hospitals. No matter how well qualified the physician in attendance may be, the homes of injured workmen do not afford facilities for caring for the severely injured where careful nursing, *x*-ray and laboratory facilities are necessary. The hospital is the only place where such service is available.

While we admit that hospitals are going to have aggressive competition in this field, which, after all, is an excellent thing, yet we believe that the future advancement and progress in industrial surgery, now that its importance is becoming recognized, will come largely through their efforts.

When the Workmen's Compensation Law went into effect in New York one of the first difficulties we encountered was in the establishing of equitable ward rates, and in securing an acceptable schedule of professional fees. The Act does not limit the amount which shall be paid for treatment during the statutory period of sixty days, but the insurance companies were naturally anxious to keep down medical fees and hospital expenses. Finally, at a meeting attended by representatives of the Workmen's Compensation Commission, the hospitals and the insurance carriers, it was agreed that a ward rate of $2.25 per day was reasonable, and it was further agreed that for ambulant cases $2.00

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should be charged for first treatments and $1.00 for subsequent treatments.

A medical and surgical fee bill which had been approved by a committee of the Medical Society of the State of New York and by the New York Claim Association, was tentatively accepted by the Hospital representatives. The New York Hospital still bases its charge on this schedule, and we presume that most of the other hospitals do likewise, but we understand that the State Medical Society disowns it and refuses to officially recognize it. Under this schedule the largest fee allowed the surgeon is $75, which includes first-aid, operation, and full subsequent treatment. This is a small fee, but when it is recalled that formerly the surgeon usually received nothing for treating these patients it is not so bad.

Our next difficulty arose when we came to discuss the division of fees between the hospitals and the doctors. No plan acceptable to all concerned was devised by the committee. And now after three years have elapsed there is no uniformity among hospitals in this respect.

In some instances, the hospital retains all fees, the doctors evidently conceding that the hospital's needs are greater than theirs. This plan is not approved by the insurance companies. They prefer to have the professional fees go to the doctors, as they believe the doctors will take more interest in these industrial accident cases if they receive some compensation for their services.

Other hospitals, particularly those situated in residential districts where there are few accident cases, refer all ambulant compensation cases to the offices of their visiting staffs. The insurance companies object to this plan. Their claim is that the patient rarely goes to the doctor to whom he is sent, but to one of his own selection who may be dishonest or incompetent.

Some hospitals retain the $2.00 fee for the first treatment and turn over the fees for subsequent treatments to the doctors who actually do the work. Others retain a certain percentage of the fees—10 per cent. or 15 per cent., to cover the cost of dressings, the balance being paid to the doctors.

At the New York Hospital the question of division of fees was happily settled when it was decided to pay small salaries to all out-patient physicians, a policy which had long been under advisement. These out-patient men take care of practically all the subsequent treatments, and also all new patients applying between 10 and 12 o'clock in the morning. The admitting physicians, who are salaried men,

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are responsible for first-aid treatments at all other hours, but the interns do much of the actual work.

Our hospital retains all Workmen's Compensation fees, except in the case of Ward patients where the professional fee is turned over to the attending surgeon. In addition to the charge of $2.25 per day, the hospital collects and retains fees for *x*-ray work and for the use of the operating room. Crutches and other appliances and special nursing are also charged to the employer.

The New York Hospital and the House of Relief are located in districts where industrial activity is great, and it early became apparent that to handle efficiently the additional clerical work occasioned through the operation of the Workmen's Compensation Law, it would be necessary to increase our clerical force. Accordingly, two clerks were assigned to this work exclusively. They are practically in complete charge of it, and it is regarded as a regular department of the hospital. If this work had been left to the regular clerical staff, it would have been neglected and the hospital would have lost heavily.

The compensation clerks are much appreciated by the Commission and the insurance carriers, as they know they can always depend upon them for prompt and authentic information regarding their cases. Incidentally, these clerks relieve the superintendent and the doctors of a lot of troublesome details.

Some hospitals report that they have trouble in getting their physicians to fill out and sign certificates required by the Commission and some of the insurance companies. At the New York Hospital these forms are filled out by the compensation clerks and signed by the superintendent. This we find to be much more satisfactory administratively, and so far no exception has been taken to our method.

When a patient comes to the Emergency Room for first treatment the nurse on duty enters his name, address, occupation, name and address of employer, together with the diagnosis and date of treatment in a book kept for this purpose. The patient is given for his keeping a card which identifies him as a compensation case. He is also given directions about reporting for subsequent treatments.

We treat subsequent cases in the out-patient department, not because we regard them as charity patients, but because it is the only available place we have.

When the patient applies at the Out-Patient Department for his first subsequent treatment, he is referred to the desk of the compensation clerk who has on file a card bearing the

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information obtained by the nurse on the patient's first visit to the hospital.

The clerk has already notified the employer, by means of a form letter, that the patient has applied for treatment. In this letter we endeavor to impress upon the employer the necessity of promptly reporting the accident, and suggest that he furnish the hospital with the name of his insurance carrier, thus enabling us to take the matter up direct with the carrier without further annoyance to him. Information is also given as to our charges. Replies are received to about 80 per cent. of our letters, and 10 per cent. are returned by the Post Office Department as undeliverable on account of defective addresses. As the New York law requires that treatments by hospitals or doctors shall be authorized by the employer, these letters are of importance in a legal way. If the hospital can show that the employer acknowledged receipt of the letter and gave instructions regarding billing, a legal claim for services can easily be established before the Commission.

The compensation clerks keep informed regarding the condition of every patient, and if one does not report for treatment regularly his employer is notified. Employers appreciate this attention.

Efforts are made to prevent patients from returning oftener than their condition demands. Insurance companies appreciate this attention. We rarely find it necessary to treat ambulant cases oftener than three times a week.

First treatments are, of course, given at any time, but subsequent treatments are given during only one hour each day.

When treatment is completed an itemized bill is sent at once, either to the employer or directly to the insurance carrier. A large percentage of the bills are paid promptly, but there are many which have to be followed up four or five times before a remittance is received. An efficient follow-up system is essential. Probably a personal visit to the employer would hasten payments. We do not allow our Attending Surgeons to send out separate bills, as this would result in complications and delayed payments.

For a year after the law went into effect a great amount of difficulty was experienced in obtaining payments. This was due largely to the fact that many employers were not aware that the law existed, or hoped to evade it, and failed to take out insurance, or if they had insurance they neglected to report their accidents. They have now learned

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the importance of carrying insurance and of reporting accidents.

The New York act stipulates that the employer must provide such medical and surgical aid, nurse and hospital service, medicine, etc., as may be required during the first sixty days after the injury. When a patient's treatment originates in our hospitals, we, of course, care for him as long as his condition requires it, regardless of the statutory limit. Frequently cases are referred to us for treatment after the sixty-day limit has expired. In these instances we feel justified in insisting upon a definite understanding regarding payment for our services. As a practical business proposition the insurance companies frequently pay for medical treatment and hospital care beyond the statutory limit, as by so doing they shorten the period of disability and thus reduce the payment of compensation.

While it sometimes happens now that patients are taken away from the hospitals by doctors employed by the insurance companies, still the hospitals of New York are gradually increasing their compensation work. At the New York Hospital this work is confined largely to the care of ambulatory cases, from 75 to 100 being treated daily. Formerly, at least 95 per cent. of these cases were treated free.

We treat very few ward cases coming under the compensation law as most of these are cases of fractures and burns, which we do not ordinarily admit, but transfer direct from the scene of call to Bellevue Hospital.

The New York Act contains a clause exempting from its provisions persons not employed for the pecuniary gain of their employers. As hospitals are not conducted for the pecuniary gain of their managers it accordingly would appear that their employees did not come under the provisions of the act. But as certain occupations, such as engineers, electricians, mechanics, painters, laundrymen, and laundresses are specifically mentioned as coming under its provisions, the hospitals were in somewhat of a dilemma. They did not know whether to insure under the law or not. As a matter of fact, very few did insure under it, preferring to retain their old liability policies. But the last legislature came to their assistance with an amendment to the law enabling the employer and employee by joint election to come under the law if they so desire.

The New York Hospital then decided to take out this form of insurance. Under the policy issued the insurance company agrees, among other things, to inspect the hospi-

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tals from time to time, and to suggest such changes and improvements as may operate to reduce the number of personal injuries. Inspections by competent inspectors and safety engineers, such as the insurance companies employ, are of considerable value. In our case they made several excellent recommendations, especially in connection with the laundry machinery.

One of the largest corporations in this country which had been carrying its own compensation insurance recently took out a policy with an insurance company, largely because it wanted to have its plants periodically inspected by competent inspectors not on its own payroll.

Workmen's Compensation insurance apparently gives greater protection to employers than does ordinary liability insurance, and is more satisfactory to the employees. It simplifies hospital insurance and fixes responsibility.

The premium cost is based upon the entire remuneration during the term of the policy of all employees, except that no premium charge is made for any portion of the salary of any officer in excess of $1500 per annum. The premium charges on a hospital payroll are as follows:

$0.08 per $100.00 on the clerical payroll.
0.232 on the professional.
1.32 on the laundry.
1.95 on chauffeurs and helpers, and
0.568 on the payroll of all other employees.

It is necessary that the payroll shall be kept to show the different classes in order that, at the end of the year, an audit by the insurance company may be made to determine the actual premium. If the original premium was excessive, a return will be made by the company, but if it was not sufficient, the hospitals will be required to make up the difference.

There is a provision of this insurance policy of peculiar interest to hospitals. It specifies that any employer may assume the responsibility of medical attendance for the statutory period of sixty days, for which there is a reduction in premium of 17½ per cent. Most hospitals will probably elect to assume the responsibility for medical attendance. The New York Hospital reduced its premium $400 by doing so.

In this paper we have dwelt largely on the New York Act for the reason that it is the only one with which we have had practical experience. The New York Act is not ideal, but apparently it is fairer to hospitals and physicians than are the laws of many other states. The insurance

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companies, however, assert that the indemnities provided by it are excessive to such an extent as occasionally to convert injuries into sources of profit. It is difficult to please everybody. An attempt will be made to amend the New York Act "to cover all occupations except possibly farming and domestic service; to include occupational diseases as well as accidental injuries; to reduce the waiting period from fourteen to seven days, and to require medical service during the entire period of disability."

There are certain peculiarities of the compensation laws of other states which are worthy of mention. The New Jersey law provides that in no case shall the combined bills of the hospitals and physicians exceed $50, and the indebtedness must be contracted within the first two weeks after the injury. This allowance is ample for the majority of minor injuries, but for many cases of major injuries it is manifestly inadequate. If the hospital bill reaches $50, the doctor gets nothing but the experience of caring for the case.

In Maine $30 is about the limit hospitals can expect to receive. Some of the hospitals of that state have adopted, in self-protection, the plan of not recognizing the insurance companies when it comes to the matter of settlement, dealing either with the employer or the injured man. This would appear to defeat the intent of the law.

The Pennsylvania Act is not satisfactory either to hospitals or physicians. So far attempts to amend it have been unsuccessful. It provides a sum not to exceed $25 for medical and hospital care for the first fourteen days unless a major operation is performed, when $75 is allowed. This allowance is too small and the period of liability too short. Another defect in the law is that corporations cannot be held liable for medical services unless the injured employee is attended by a physician designated by them. As it frequently happens that the company physician does not for one reason or another command the confidence of the employees, this provision is distinctly objectionable and unfair to them.

The Rhode Island law goes to the other extreme and gives the injured employee the exclusive right to select a physician. It is a reasonable question whether it is fair to the insurance company and employer not to allow them any voice in the selection of physicians. Conceivably a too sympathetic family physician, or an unscrupulous one, and a patient given to malingering, might cause an insurance company no end of trouble and expense.

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The Maryland Act limits maximum liability to $150, but it is hoped to increase this limit to $300. The Hospital Conference Association, recently organized, has succeeded in effecting an arrangement whereby the hospital bill is paid before that of the surgeon. If the hospital bill amounts to $150, the surgeon gets nothing. This is a little rough on the surgeon, but the hospital has been put to actual expense by the presence of the patient, whereas the surgeon has not. The Conference also succeeded in having the hospital ward rate increased from $1.00 to $1.50 a day. Compensation cases are not regarded as charity patients, and the hospitals should be reimbursed at least to the extent of the average cost of caring for ward patients, which is certainly more than $1.50 a day.

The Acts of Alaska, Kansas, New Hampshire, Washington, and Wisconsin do not provide for medical attendance—a serious oversight.

In Indiana, Kentucky, Maryland, New York, and Oklahoma the charges of physicians and hospitals are not enforceable under the law unless approved by the Compensation Board of Commission. In New York this has not proved a serious defect.

In California and Massachusetts occupational diseases are included as personal injuries entitling the employee to compensation.

Judging from the letters we have received and the comments we have heard, there appears to be considerable dissatisfaction with the compensation laws in various states. Hospitals and doctors are not the only ones who are protesting. Numerous complaints are heard from insurance companies and employers. This is not surprising when we pause to consider the phenomenal rapidity with which these laws have been placed on statute books all over the world. It is not to be wondered at that mistakes have crept in, and that there has been such a general lack of uniformity in the acts of the various states. The law is in a formative stage, and it is too early to expect perfection. Undoubtedly, a few years hence it will deal more justly with all concerned, providing, of course, that constant agitation for its improvement is kept up by interested parties, and the present indications are that it will be. There is already evidence that the protests of physicians and hospitals are not without avail. Within the past few months six or eight states have amended their Compensation Acts to provide more liberally for both. While doctors and hospitals object strenuously to many of the fee schedules and to some of the adminis-

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trative details, yet the majority readily concede that the fundamental principles of the law are unobjectionable, and in harmony with present social and economic conditions.

The insurance companies maintain in New York City a "Workmen's Compensation Publicity Bureau," for the purpose of advancing and protecting their interests under the law. We do not advocate that the American Hospital Association shall maintain a similar bureau, but merely mention the fact to illustrate how big business meets problems of this magnitude.

THE CHAIRMAN: The discussion of Dr. Howell's paper will be opened by the Hon. T. J. Duffy, of Columbus, Ohio. It seems that Mr. Duffy has not yet arrived. I wonder if you would care, Dr. Howell, if I allowed the discussion of your paper to go on over and come up after Health Insurance?

DR. HOWELL: No, sir.

THE CHAIRMAN: If there is no objection on the part of the Association, we will let the discussion of Dr. Howell's paper go over until after the paper on Health Insurance. Dr. Goldwater was expected to read the paper on Health Insurance before the Association this morning, but has been unavoidably detained by his work in connection with the Draft Appeal Board in the city of New York, and it is impossible for him to get away. I have imposed upon the good nature of Mr. Michael Davis, of Boston, who has had many controversies and given a great deal of study to this health insurance problem which now confronts us, and is going to continue to confront us until we solve it.

MR. MICHAEL M. DAVIS, Boston, Mass.: Mr. President, the Committee on Health Insurance of the Association, of which I happen to be a member, is very unfortunate in not having the report from its Chairman. The report, so far as I am familiar with it through correspondence with Dr. Goldwater, is not a presentation of an argument for health insurance, but rather a review of the situation in various parts of the country of the movement for health insurance. This report comes very appropriately after the paper by Dr. Howell, because Workmen's Compensation is a form of social insurance which very naturally precedes a somewhat more comprehensive plan, such as is proposed in health insurance. Speaking informally, as I am doing, I shall endeavor briefly to review the program, the idea of health insurance, and then to sketch what has been done

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during the last year or two in various states to promote discussion of the subject in legislatures and elsewhere. Workmen's Compensation, as Dr. Howell has so well explained, is a step in the direction of insuring workmen against accident and promoting the prevention of accidents. It makes the employer pay for accidents in a way he did not pay for them before and has greatly helped in preventing them. In Massachusetts and California a further extension has been made by making occupational diseases, or at least many diseases due to occupation, compensable under the Compensation Law. A number of cases of disease in Massachusetts, for example, not accidents in the ordinary sense at all, where it was shown that the causes of disease arose out of the employment, have been compensated for, and that is now well established in Massachusetts practice. A still further extension leads us directly, or would lead us directly, to health insurance, namely, to include any disease of the workman, whether or not it arose out of the course of his employment. Ordinarily, sickness in working men or anybody else involves expense of medical care, nursing service, medicine, etc., and in some cases hospital or dispensary care, and the expense falls upon the individual or his family at the time or about the time when the sickness itself takes place. Now, in the average working men's family there is a very small accumulation of savings, if any, and when a serious illness comes, the expense of that illness for medical care, etc., often cannot be met, even when the family is ordinarily entirely self-supporting. That is particularly true when the illness falls upon the chief wage-earner, because his wages stop when he ceases work, in most instances; consequently we find, in a very large part of the serious illness among wage-earners, that the expense for the medical service cannot be met, and, as we all know, in hospital and dispensary work the great bulk of the cases that must be cared for either at very low rates or free are cases of that type—people who cannot meet the expense of sickness even when, as in many cases, they are meeting the ordinary expenses of their families while they are well, and the working men's health insurance idea is simply the idea of having small regular payments made by the parties in interest, the workmen and the employer, possibly partly by taxation,—that is an open question,—but at least to have small, regular payments made into a fund which shall be sufficient to provide for the medical care of the sick workman and to provide a certain amount during his illness on which his family can live while his wages stop. Such systems are in

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general effect abroad, and, just as Dr. Howell said, Workmen's Compensation was in effect practically everywhere in civilized countries before it was in the United States. So some form of health insurance is in general effect all over Europe to a greater or less extent, in Germany, in Great Britain, for example, just to mention the two leaders in the great conflict, an extensive system of health insurance under national control is in operation. The general principle of payment followed has been that the workmen and the employer each pay a share. In Great Britain the state also pays a share, a small share of the expense, while in Germany the empire pays only the administrative expenses of the supervising commission, the workmen and the employer paying the remainder. You will notice that after Workmen's Compensation the employer pays the whole expense, while in every country that has health insurance the employer pays from half to two-thirds of the expense. The problem of sickness is obviously much more a responsibility of the employee than the problem of industrial accident, because the employer is much more responsible for accidents happening in the factory than the employer is for sickness anywhere; consequently, in the matter of sickness, it is certainly just that the employee should bear a considerable proportion of the payment. The payments are necessarily a comparatively small portion of wages. The payments made by the workmen in foreign countries, the weekly payment on an average is about 1½ per cent. of his wages, or with a man earning $10 a week 15 cents a week will give him medical care and half or more of his wages paid to his family while he is sick. By making these small regular payments and having them paid by both the sick and the well workers, the fund created is sufficient to care for the average amount of sickness in the home. It is the principle of insurance with which we are all familiar in many ways. In this country, to come to a review of our actual situation, there has been gradually growing up a great deal of voluntary health insurance on the part of trade unions, fraternal societies, and in many business establishments partly supported by the employers and partly by the employees in varying proportions. There has also begun a movement for legislation for health insurance. An association known as the American Association for Labor Legislation, with a committee of which Dr. Goldwater has been a member, has worked for a number of years, and about two years ago drafted a so-called model bill for health insurance which has appeared, with very slight modifications, in probably ten

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of a dozen different legislatures in the United States. It has appeared in some legislatures more than one year, as in Massachusetts, where we have annual elections. The bill is an attempt to draft a comprehensive system of health insurance, such as exists in Germany or Great Britain, adapted more or less to American conditions. This bill should be regarded, I think, not as anything more than an indication of certain principles of health insurance and should not be regarded as a final measure. Personally, though the bill has been in Massachusetts and I have had there various discussions in favor of it, I am by no means in favor of enacting any such law except after very careful study in each local commonwealth. Each state must deal with its own matters of legislation and adapt any general code to its own conditions. That has been undertaken in a number of states. California was one of the first states to have an investigation made by a State Commission on Health Insurance, which reported last January and which reported generally in favor of a health insurance law, but believed that a constitutional amendment was necessary in California to make it possible. It recommended such an amendment, which takes two years to pass in California, and that amendment is, we are told, in process of being passed, going through the early stages. In Massachusetts a committee was appointed in 1916 which reported last spring, making a divided report, but the majority of the Commission reported in favor of the general principle of health insurance without any recommendation of legislation. A second commission was appointed in Massachusetts to report next January, which is now beginning its work. In Ohio a commission has been reported which is also just beginning its work. The matter had been under consideration in the legislatures of a number of other states and in New York, for example, as perhaps others here can explain in detail there has been a very active discussion on the subject in connection with the bill which has been introduced there as well as elsewhere. In New York both private and public commissions have been studying the question. There is no doubt at all that the subject of providing some form of insurance for the health of people, particularly wage-earners and others of small means, will be a permanent subject of discussion. There isn't any doubt in my mind, and I think there is no doubt in the minds of other people, whether they favor or do not favor any particular proposal, that much more extensive measures must be taken to provide adequately for medical care and for the

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cost of illness among wage-earners. Some means of utilizing the insurance principle of substituting for occasionally emergency payments which cannot be met, small regular payments which can be met, must be worked out, in my opinion. I know that it is the opinion of Dr. Goldwater, who has taken a very energetic stand in favor of the general principle of health insurance. In relation to hospitals or dispensaries, we have seen what compensation has worked out. I was struck, in listening to Dr. Howell's very interesting paper, by the contrast between that paper and the one read about two years ago on the same subject, not because the other paper was not satisfactory for that time, but because Dr. Howell's paper showed how much progress had been made in working out the details of the law, particularly in reference to the matter under discussion, namely, satisfactory dealings with Workmen's Compensation cases in the hospitals and dispensaries. A great deal of detail yet has to be worked out there; in health insurance a still more extensive problem has to be faced by the hospitals and dispensaries. A large portion of our ward or free dispensary cases would under any system be pay cases, under any insurance system; many problems of adjustment would have to be met, but nevertheless a large part of our free work would undoubtedly be substituted by pay work on some minimum cost basis. I think there is very little doubt that within the next two or three years some state will enact some form of health insurance law and the hospitals and dispensaries in that state will have to reckon with it in working out their problems in connection with it. It seems to me this is a subject which ought to be kept in mind by our hospitals. I think it would be unfortunate for any one of us to commit ourselves, either individually or in groups, to any definite stand with respect to any particular proposal because, to my mind, the matter is too much in a formative state as yet in its details to make it possible to say, finally, just what particular law ought to be enacted. I think, however, that in view of the almost certain arrival of insurance for the care of disease and its consequent effect upon the hospitals and dispensaries during the next few years, the matter ought to be regularly kept in mind by the Hospital Association.

THE CHAIRMAN: I am sure we all appreciate very much Mr. Davis's very lucid address upon this question of health insurance which is bound to come. I think that Mr. Borden has given this matter of health insurance as much care-

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ful consideration perhaps as any of our members, and I am going to ask him to open the discussion.

DISCUSSION

Mr. Richard P. Borden, Fall River, Mass.: Mr. Davis and I have been in the ring together a good many months, but the bouts have always been draws. I think it will be a good many years before the question is fought out to a finish. In the first place I think the proponents of this action are assuming a good deal when they call it health insurance. It is not health insurance that is proposed at all; it is insurance for the doctor's bills when a man gets sick. We'd all like to insure the health of all the people, but why we should pay doctor's bills for employees and for no other class, I cannot yet quite make out. Why, because a man works in a factory, why should he be favored more than the superintendent who works in a hospital? Yet it is inevitable that the superintendent in a hospital, the clerk in a store, the farmer in the fields, have all got to contribute to the doctor's bills of the employees if this doctrine of health insurance goes into effect. Why, because I employ Mike in my machine-shop and Mike disturbs the equanimity of his interior by drinking too much beer and gets sick thereby, should I help him out by getting a doctor who may give him good advice and temporary medicine, but Mike will still booze and come around again and ask me to pay his doctor's bills once more. All those questions become interesting. The doctors object very largely to it because they still have certain professional standards and one of the things they object very seriously to is what they call contract insurance. They say, without fully appreciating their professional ethics, that the standard for the physician is apt to be very much lowered if he has to work by the wholesale, that is, under contract insurance. I have never been able to quite follow out why they did not have confidence in their own morals sufficiently to believe that they would withstand the temptations of contract insurance, but apparently they do not; nevertheless they would rather have a personal relation, they would rather be chosen as a physician by the family than to be assigned to the position of physician to a certain group of people, and I can quite well understand that from a professional point of view. One of the rewards which the professional man gets is the knowledge that he has been chosen from amongst his brethren to take care of people in a serious emergency, and that reward entirely disappears under the contract system of insurance. Of course health insurance has been more or less efficacious in certain countries. My friend Davis and others used to point with pride to its extreme efficiency in a certain country. That country is not being so much used now as an example of virtue in political affairs. The whole question is very interesting. But I have a theory and a confidence that we do not need to adopt German methods in this country; that a man in America must bear his own burden to a very considerable extent, and that it is a good deal better for him to take his punishment of ill health if he does not conform to the rules of personal conduct which ought to improve conditions in our country very largely instead of relying upon the guardianship of his employer, his employer being no guardian over the employee's morals or personal affairs to the extent of having his doctor's bills paid for him. There are many sides to this question. I do not think it is for this body to determine this question. The way in which it most interests the hospital people is the complication that may result if the proposition goes into effect, but still we like to have various sides of the

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question suggested to us, so that we and other intelligent people can be considering them as the problem is evolved.

THE CHAIRMAN: This question of health insurance is now open for general discussion. I am sure if any members of the Association have any questions which they wish to ask about it, Mr. Davis and Mr. Borden between them are well qualified to answer. Is there any further discussion? If not, I will ask if Mr. Duffy is present. If the Association does not object, we will pass on to the next paper, which is "Hospitalism"—Causes and Treatment," by Mr. Pliny O. Clark, of Wheeling, West Virginia.

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"HOSPITALISM"—CAUSES AND TREATMENT

PLINY O. CLARK
Wheeling, W. Va.

INTRODUCTION.—In the somewhat brief and incomplete discussion which is to follow we are to consider "hospitalism," not only in its bearing upon the patients in our hospital, but upon our employees as well.

For some years there has been in common usage about the hospital corridors a term by which an attempt has been made to define a certain class of patients. You have heard, and so have I:

"What's wrong with the patient in A 6?"

"Oh, nothing but 'hospitalitis.'"

This class is not at death's door. It is not moribund ordinarily, but it comprises those who, under right surroundings and circumstances, would be well physically and mentally. It is the average patient; that active class not acutely ill, but who ordinarily are in a chronic condition, of whom we would speak.

DEFINITION.—What, then, is "hospitalism" or "hospitalitis?" One says, "It is the disease of enjoying hospital"; another, "It is the term applied to that one who simply has the hospital habit."

Certain it is that it does not refer to the hospitalization of the people; not to the increasing popularity of the hospital in these times when people go to the hospital to get well, not to die. It refers to a somewhat indefinite sociological problem.

It does not refer to that dictionary definition found somewhere which states: "Hospitalism is that morbid state due to impure air in a hospital," nor could we state with truth that it is caused by any mechanical part of such an institution, but it would seem to us to be comprehended in this definition:

"Hospitalism is that state of apparent satisfaction with his surroundings or lack of personal initiative which permits a patient, often in a chronic condition, to enjoy the care of a hospital to an abnormal degree." Again it refers to those who, not passively, but actively, because of social condi-

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tions or accidents, and themselves unable to see the reason for their own failure, are forced to turn to that institution in the community which replies to the statement "I'm sick" by "What's wrong? Let's see." The term cannot rightly be applied to those whose case has been improperly diagnosed.

LIMITATION.—We would further limit the discussion of "hospitalism" at this time and confine it to that class commonly known as "the poor," for, as one of my friends has so happily remarked, "Hospitalitis in the wealthy patient is usually incurable, for the hospital usually dare not, and the patient usually will not, do what he ought." Of the wealthy, then, we will not speak at all, but of the larger problem which interests us just at present, that of the care of the poor and the great middle class.

HOSPITALISM: PATIENTS, PERSONAL CAUSES.—"Hospitalism," then, as it applies to our patients. The causes of "hospitalism" may be either personal, referring to the patient alone, or may be general, and make society responsible for their origin.

Among the personal causes we would place as most important *poverty*. The vicious cycle, "poverty, sickness, poverty," or "sickness, poverty, sickness," is without doubt the cause of a great deal, if not the major portion, of our "hospitalitis" cases.

We might divide this poverty-stricken class into two subdivisions: first, that in which life is a defeat and the individual is unable to maintain himself in the great struggle for existence, and second, that class where life is a struggle, but not a continual, an everlasting defeat. Any remedial measures applied to the former class as patients are practically worthless, unless they can be lifted out of their class entirely into the second, and even there they will need assistance and temporary relief at many turns of the road. The question of the bearing of poverty upon the "hospitalitis" case is a large one, and can best be solved by the sociologist. Of the treatment, a little later; sufficient now to speak of poverty as a cause of "hospitalism."

Another cause for "hospitalism" is the development, on the part of the patient, of a real affection for the hospital, for the nurses, the physicians, all in attendance. Compared with the home surroundings, the hospital is a veritable heaven, the nurses ministering angels, the physicians wizards of superhuman knowledge. Is it any wonder that after discharge such patients easily trump up an excuse to return? Why, I have even known of such among wealthy

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patients, who, after a pleasant hospital experience, even though a most serious surgical operation has been undergone, would greet you somewhat after this fashion: "I want to tell you what a delightful time I have had while I have been here these three weeks. It has been so restful, so free from care. Everybody has done everything they possibly could to make my stay pleasant, and I have told my husband that when he goes off for his vacation up in the mountains I'm going to return here for mine, just for a good rest, and to enjoy it without the suffering."

You say you have never heard of this class? Then get busy, for I have seen them in many a hospital; and as to treatment of them, I say, "Let them alone and let their tribe increase."

A third class is the malingerer, pure and simple. To illustrate, let us use the words of the executive of one of our best hospitals: "A single man of thirty, a member of a sick benefit lodge which was paying his hospital expenses, complained of stomach trouble, and after a week's stay in the hospital, the doctor finding no serious trouble, told him to go home. The man did not wish to go, and the next day complained of a serious pain in his knee. An examination showed nothing the matter, and it was decided the man was looking for a place to stay and take it easy as long as the society would foot the bill. He was put on a diet of soup, and a fly-blister put on his knee. He left the hospital entirely cured the next day."

A fourth class might be associated with the malingerers, and yet they are truthful enough, are simply lazy, or perhaps they lack will-power. They are those human parasites which occur in every large community referred to facetiously by the youngsters in a certain community,

> "Buffalo Bill lives on a hill,
> He never works and he never will."

The treatment for this class would be to secure sentence under some of our war legislation, which makes imperative thirty-six hours' labor in a week or imprisonment. One of our good friends suggests: "Simply give that fellow a war job."

In a similar class is the neurotic, and he needs real consideration. Very often the physician and the nurse pass by him, merely saying: "Oh, he's simply got a case of nerves. Nothing much the matter with him." Says the superintendent of a large eastern hospital: "Personally I have always felt, and my feeling increases with the years,

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that the doctors and hospital people are entirely too ready to consider a person neurotic or 'hipped.' I am absolutely certain in my own mind that many of the patients who are accused of being neurotic, or who have 'hospitalism,' as I understand it, *really have some condition* which *the doctors have not discovered.* We all know that there are very many obscure cases, and when the doctor cannot put his finger definitely upon the spot, it is very easy to blame it on the *nerves.*"

The treatment of this class, provided, of course, the diagnosis has been established and the case *is* one of nerves, should be given to the neurologist, who, with his suggestive therapeutics, mental therapeutics, hydrotherapeutics, or his electrotherapeutics may restore the normal condition.

Right here is where we may learn much from our present enemy, the German, who for years has made so much of his bath house. Perhaps with the war's new demands for curative agents we will turn to similar means for assistance in our new treatment work and make some decided advancement along therapeutic lines.

Fifth, there are those who are hospitalized or have "hospitalitis" because of some great misfortune or accident. For instance, industrial workers not under compensation laws or our soldiers, maimed and disqualified for military duty and from their ordinary occupations when discharged, cut off from a livelihood in the accustomed channels—they have no heart to learn a new trade.

Special treatment is needed by this class, and this is particularly true of our soldiers, who may be returned incapacitated for future duty in the army. They must first be restored to health, and then receive such specialized treatment as will place them at least in a self-supporting position. Canada has much to teach us in this line; much of good, many mistakes. It is all very interesting, and should receive our most careful attention now.

Perhaps we will have no case so extreme as the following, yet it will serve as an illustration: There was a group of Jamaicans who had served the mother country in the war, been wounded, and sent to Canada for convalescent treatment, and of these, "nine had had both legs amputated below the knee, eight lost one foot or most of one foot. In the West Indies they had been cultivators, earning from ten to fourteen shillings per week. Their case was taken by the Canadian Military Hospital Commission with the government of Jamaica, which reported that if the crippled men could get training as shoemakers or garment-makers,

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they could earn a livelihood on the island. In less than five months eight of the men were trained to the point where they could do ordinary shoe repairing as well as the journeyman; two showed such aptitude for cobbling that they could make custom-made shoes; three showed a 60 per cent. efficiency as garment-makers; one, in tin-smithing, could make an ordinary utensil if given the pattern, although he was of such a primitive type that he could not distinguish differences smaller than a quarter of an inch. One was trained to be a chauffeur (he had some experience before); and one completed two-thirds of a course in stenography and typewriting." . . . "Jamaica paid the cost of maintaining, equipping, and training the men. Instead of the unskilled farm-hands who had left the island, instead of helpless war cripples, prospective dependents for unnumbered days, seventeen producers, with enough artisanship to earn for themselves more than they have ever earned before, they sailed south from Halifax to take up life hopefully in spite of their desperate maiming."

There must be the planning for systematic vocational work if, instead of discouragement, of dependence upon the public, of pensioning, of hospitalism in its worst sense, we are to have those who are self-respecting, self-supporting citizens. As hospital people realizing the need, we should not only provide adequate hospital facilities to bring back health to our returning soldiers, but it will be our duty, who know the need for the re-education of these cripples who must face life again and not to fear the daily grind after the spasmodic demand of military life to, as the *Survey* so aptly states, "civilize after the men have been militarized," to give hope and encouragement.

You are to hear at length from others along this line; sufficient for me to call your attention to the advisability of the proper care of this class if we are not to have many of them afflicted with "hospitalitis."

HOSPITALISM: GENERAL CAUSES.—We have spoken of the personal causes for hospitalism; now of the *general causes*. First, a patient may be in this general class because of social conditions—conditions which are beyond remedy by an individual, a hospital, or a class, but require the combined action of all society. We will attempt no solution, simply call your attention to the fact.

The second general cause—and I am inclined to think an important one—is due to carelessness on the part of our staff, both visiting and house, perhaps in diagnosing the case and in prescribing the treatment, or in following the

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case after it leaves the hospital; the reason being, ordinarily, that the case is not interesting or the staff is inadequately manned or organized. Perhaps the staff man on service has too much work thrust upon him to give the individual, obscure case the consideration which it deserves, and so: "Just a little bit nervous, that's all," or "he's been here before," buries the patient, perhaps literally. To illustrate the point, let me quote a member of this Association, who says: "The patient, a well-developed girl of about eighteen years of age, had been confined to bed in various hospitals for about two years. She was not able to walk or even stand on her feet. An examination disclosed no physical disease. With the permission of the attending physician, the superintendent and his wife took the patient in hand. By patient work, at the end of one week she was able to stand by the side of her bed. She was given crutches, and at the end of another two weeks she was able to walk a little. At the end of the seventh week she was able to go shopping and to the theater without the aid of cane or crutches, and was sent to her home cured. Her 'hospitalism' was due to long confinement and lack of time for study of her case."

A third cause may be that the hospital lacks the facilities for establishing a true diagnosis—has no laboratory, no Roentgen ray, etc. It may also be true that the hospital lacks a "follow-up system," and this is probably one of the largest causes for "hospitalism." It has, however, decreased within the past few years since the establishment of the social service worker, that important addition to the hospital's staff. Because of the "follow-up system" the patient is now made to feel the hospital has a personal interest in him, and instead of his seeking advice at another hospital, he returns to the place where he was given original treatment, for further care and advice, until his complete recovery is established.

As an adjunct to the "follow-up system" there should be in every town of any size a social clearing-house, where accurate information regarding every so-called charity case will be kept, available not for one hospital alone, but for all agencies at work. Such, for instance, as that which is maintained by the Associated Charities in Cleveland, the Confidential Exchange of Information in Baltimore and in Boston.

Another general cause of "hospitalism" is the lack of cooperation between the visiting staff and the admitting officer of the hospital. Many a patient has slipped by the admit-

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ting officer because that officer has not demanded a definite diagnosis before admission or when the visitant desires admission for a patient to establish a diagnosis, the case is not followed up with promptness and a diagnosis required within a few days, and so the patient stays on indefinitely until, finally, it becomes a real problem as to how he can be gotten out of the hospital.

A sixth cause for "hospitalism" is a rank misconception on the part of the public generally as to the purpose of the hospital. "Why, Mrs. Jones told me to come here. She said you took anybody that felt sick." Publicity is needed to teach the ordinary citizen the real concept of a hospital, and the nearer that ordinary citizen gets to the actual working, the better. That ordinary citizen can often point out to the complainant that it is not a hospital which is needed, perhaps, so much as fresh air in the sleeping room. However, in this connection we would not minimize the value of expert advice to the magnification of ineffectual, amateur attempts at correction: rather simply call attention to the fact that the public may and should help the physicians and the hospitals more than it now does.

HOSPITALISM: TREATMENT.—This is sufficient of the *causes*, *personal* and *general*. Let us now speak of the *treatment*.

A patient should be really cured while he is a patient in the hospital, not turned out hastily. If this is not practicable, then a patient should be followed into his home or, perhaps better, should be placed in a convalescent home to recover and come back to his normal condition in life.

We believe the "follow-up system," as instituted in the Social Service Department of our best hospitals, will mean much for the treatment of "hospitalism;" not simply to obtain a "cure," but to inspire where there was discouragement before, to bring sunshine and confidence into the midst of dreary surroundings and heart-breaking circumstances, "to restore respect to the downtrodden and prudence to the thriftless;" to lift the patient up to a higher plane of thinking, at least.

A third assistance in the treatment of such cases would be a complete out-patient department, where cases may return for post-discharge attention and possibly further diagnosis.

Another real assistance, suggested a moment ago, is that the public should be taken into the confidence of the hospital and not given merely dry statistics, but as much of the real work of the institution as it is possible to put into print.

Put some flesh on the bones of those dry statistics in your

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annual report. Get out a circular letter regularly, a leaflet, a pamphlet, and distribute them to the supporters of the hospital. Keep your ex-patients acquainted with what is going on. They will take a pride in your work; will feel a personal interest and will assist in eliminating the repeaters.

While mentioned last, I do not consider it least in the treatment of the "hospitalitis" case, comes the value of a regularly appointed and accredited spiritual doctor or chaplain. We do not mean that person of D.D. appellation, who baptizes the newly born and holds a religious service once each week, but that man of large experience with the world who has a firm hold upon life's great realities; who goes about the wards with infectious smile and kindly word of advice, lifting up the down-hearted and centering the thought in a great faith; giving a reason for living, an opportunity for service.

Whether poverty, real affection for the hospital malingering, laziness, "case of nerves," poor staff organization, no "follow-up system," inadequate facilities or lack of cooperation be the *cause* of "hospitalism," we are sure the use of modern business methods applied to the problem, and the full use of available aids, such as the social worker, better facilities, closer relations between staff and executive, and perhaps a spiritual doctor, will accomplish much looking to the successful *treatment* of such cases.

"HOSPITALISM" AND THE EMPLOYEE.—Let us now turn very briefly to "hospitalism" and its application to our employees.

We now find it loses its flavor of undesirability, becomes a desideratum, and that if it were not for the fact that our employees become attached to their work, see in it more than is represented by the pay envelop, become "hospitalized," we would not be able to maintain the standard of work which is now possible.

We venture to say that, as a class, hospital employees from the janitor on up can be outdone by no other class in loyalty and steadfastness of purpose. Yet the wonder is that so many are thus true when there is so little apparent organization; so little financial reward.

The truth is we need *hospitalized* employees in these days of the high and often exorbitant wages paid by the commercial industries. We need those who possess ideals, who stick to their work for the love of it, and yet if it is our good fortune to possess such an ideal lot of employees, is it not *our* duty to encourage them, to be careful of the routine

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of advancement; that each position be made as attractive as possible and so place an incentive for every worker?

Our employees need training, not firing. Not long ago a prominent magazine made much of the "Cost of Firing," and it is true that we waste many thousands of dollars in this country because of the thoughtless "firing" of an employee.

We need better organization of our employees. Manufacturing concerns place foremen over groups and secure a definite division of responsibility. The workers are most carefully instructed in every detail. Compare this with that engineer who takes his orders from any one in the hospital, that orderly who has never had a lesson as to how to lift or carry a patient, or the floor maid who, being told by the housekeeper to sweep the floors, is dragged off by a probationer to help clean a bed. Such rank carelessness in organization would show up in the lack of dividends in a commercial industry and would soon be banished, but in a hospital is simply charged up to the "terrible expense of caring for charity."

Let the head of each department carefully observe the employee's work; perhaps by a slight change this work could be made attractive and he have been developed into a very valuable employee. Let the superintendent, herself or himself, most carefully observe every one upon the payroll, and perhaps there will be developed from that orderly your chief engineer, or from that hard-working, conscientious nurse, the head of your surgical suite; perhaps from this maid your future housekeeper; perhaps from this little country girl, an expert seamstress.

There should be an interest instilled into the work of every one. We have found an institution where the Taylor Bonus System has worked most admirably. A certain wage is given for the work of that position and, provided that employee accomplishes a certain block of work in addition, a premium is awarded at the end of the month. If, however, the following month the employee does not live up to the standard of the former month, 25 per cent., perhaps, will be deducted from that premium; or perchance an even larger block of work has been accomplished—then an additional premium is awarded. The money appeal is always very strong. Another way to secure interest is to post upon a Roll of Honor the names of all those who have not been tardy, have done their work well, and been courteous to every one, or award a pin or badge of merit.

If foreign help is employed, classes in English and in

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American customs may be maintained by the hospital and this can be accomplished at a very little expense by calling for the assistance of recent young college graduates—the daughters of those on your Lady Board of Managers perhaps. For the female employees classes in sewing can be made a matter of profit to the institution.

Most hospitals *give* their employees treatment when needed. Would it not be better to have it understood that with the wage an insurance policy, as it were, is also given, and the health of that employee is insured? Hospital care will be given if such is needed, not "free of charge," but because it has been earned by the employee. The same thing is true of the board furnished. Make the value of the meals understood; give meal tickets, which must be presented at each meal and punched. Then, when comparing his position dollar for dollar with that in another industry where the meals are not included, he will remember the value of his own position.

In Conclusion.—As we began by trying to define "hospitalism" in terms more or less clear, so we conclude that "hospitalism" is an insidious disease, which may be one of the hospital's most expensive liabilities, although in these days of modern methods it should be turned into an asset for the community.

When applied to an employee, "hospitalism" should be openly known as the hospital's greatest asset.

> "And this to fill us with regard for man
> With apprehension of his passing worth,
> Desire to work his proper nature out,
> And ascertain his rank and final place."

The Chairman: If every hospital superintendent present has made a careful cost analysis of what they paid out last year for the care of hospitalized patients, I am quite sure that they will surely appreciate Mr. Clark's paper. I am going to ask Mr. J. J. Weber, of the State Charities Aid Association of New York, to open the discussion.

DISCUSSION

Mr. Weber: I do not think I am prepared to say anything on that topic.

The Chairman: That is the first time I ever got an admission out of anybody from the State of New York that they were not prepared. Mr. Clark's paper is now open for general discussion.

Mr. James Alderson, Dubuque, Iowa: In my short acquaintance I think I made some few observations along this line, and it seems to me that the worst cases of hospitalism I have known have been due to in-

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competent, unscrupulous surgeons operating on neurasthenic cases. I call to mind very forcibly just now three cases that occurred at our own small hospital which I am sure are due to that cause. The peculiarity in humanity—well, we like to be ill, and when we are ill or have an operation we want to have it felt that ours has been a worse case, a worse operation, than any one else ever had. This is not only true of clinical cases but also of medical cases. I call to mind a number of people of whom a doctor immediately said, "There's something the matter with your heart," and after that they were confirmed invalids.

MR. GORDON: In selecting a nurse for a hospital, there was one woman who applied who seemed most desirous to obtain that position without any regard to compensation or hours, and we found that this employee had that trouble when there was an operation to take place, she invariably planned to be near that door when there was a patient in distress; she tried to get either near that door or even in the room, and one day she was discovered holding the hand of a patient who was most ill or in great pain—in distress. Now, there was a case of an employee who had this trouble. It was learned later that she had lost a little child and took comfort and solace in the troubles of others. I have observed the same symptoms, and you may have also in the case of a mother who has lost her child and who would take a great deal of time in attending funerals. In the case of an old couple, they spent their Sundays at the cemeteries in the vicinity of their city. I can conceive that there are people who have trouble and who want companionship. If they are ill, they don't like to be sick alone. However, if they are well, they take great pleasure in thinking of the troubles and sickness they have had; so as I look at this trouble, as indicated by patients in the hospital, I cannot conceal a thought that it also abounds in other walks of life.

THE CHAIRMAN: Is there any further discussion of Mr. Clark's paper? If not, I will ask Mr. Clark to close the discussion.

MR. CLARK: I have nothing further to say.

THE CHAIRMAN: Is Mr. Duffy present? The next paper on the program is "The Reorganization of Civilian Hospitals on a War Basis," by Major Winford H. Smith, of Johns Hopkins, Baltimore.

MAJOR SMITH: I would like to have it borne in mind that I am speaking this morning as the representative of the Surgeon-General of the Army, and that the views expressed may not in every case represent my personal views.

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REORGANIZATION OF THE CIVILIAN HOSPITAL ON A WAR BASIS

MAJOR WINFORD H. SMITH, M.R.C.
Director General of Military Relief, American Red Cross

The title on the program upon which I am supposed to address you was not of my selection and, in fact, I do not know who did select it. I shall not confine myself to the title in these brief remarks, but shall touch upon several phases of the development of the Medical Reserve Corps of the Army, and the effect upon the civil hospitals; the part which the hospitals have played and must continue to play; and the attitude of the Surgeon General's office toward the civil hospitals.

It is well recognized that many hospitals have been embarrassed by the withdrawal of a large proportion of their staffs, both visiting and resident. I wish you to understand, however, that the Surgeon General of the army and his staff have from the first recognized the need of protecting the civil hospitals, medical schools, and the public, and every effort which could be made toward that end has been made. Mistakes have been made and repeated, but you must bear in mind that the task which the Surgeon General's Office faced was the recruiting of a medical corps of at least 20,000 physicians and surgeons, and in war the needs of the army come first. However, early in the operations, the Surgeon General's Office, with the assistance of the Council of National Defense, tried to take such steps as would safeguard the civil hospitals and medical schools. Instructions were sent to 700 hospitals, and all medical schools calling for a reorganization of their staffs on a war basis, with a view to releasing as many men as possible for service. It was requested that the staff be divided into those who could be spared and those who were needed to man the civil hospital or school, and to indicate those who were members of the Reserve Corps. Of those who could be spared, all who were not already members of the Reserve Corps were urged to join at once. The list of those who were needed to man the civil hospitals was at once scrutinized, and every man who

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was a member of the Reserve Corps was placed in a special inactive file. Mistakes occurred, and many of these men were ordered out, but in every such case, the error was corrected whenever possible. The greatest difficulty arose from the fact that hundreds of those who, when the list was submitted were not members of the Reserve Corps, later applied and were commissioned and ordered on active duty. This was no fault of the Surgeon General's Office. It was not expected that men who knew that they could not accept service because they were needed in the civil hospitals and schools, would apply for and accept commissions. When this difficulty arose, a letter was drafted and sent to the hospitals and schools, requesting that no man who was not in a position to accept service should apply for a commission. I wish to assure you that throughout every effort has been made to safeguard the interests of the civil hospitals and medical schools. You who are familiar with organization must appreciate that, when an organization which had been accustomed to handle a corps of about 500 was suddenly faced with the necessity of expansion, in restricted quarters, to handle the recruiting of a corps of 20,000, and in addition to take on the formation of a dental corps and a veterinary corps, confusion and errors were bound to occur. Had it not been that the Surgeon General had in charge of the personnel division trained men, who had a proper appreciation of your problem, who had an inexhaustible supply of patience, and who were willing to work nights and Sundays, the confusion would have been worse and you would have suffered more.

After the reorganization was accomplished and the larger machine was running fairly smoothly, then the draft took place and students and internes were taken in large numbers. Early in the spring a committee of the Council of National Defense, coöperating with the Surgeon General's Office, tried to provide in the draft bill for the exemption of physicians and medical students. For some reason this was not provided for, although the Surgeon General favored it and the Secretary of War recognized that some such provision was necessary. For a brief time there has been great consternation at the thought that the hospital staffs were to be still further depleted and the supply of medical students cut down nearly, if not quite, one-half. If something had not been done, it would have been a very grave situation and would have represented a grave blunder. But something has been done, and so far as possible the error has been corrected. It seems desirable at this time to call attention

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to the provisions for safeguarding the hospitals and conserving the supply of medical students.

WAR DEPARTMENT
Office of Surgeon General

Orders September 4, 1917.

The following regulations governing the discharge of hospital internes and medical students from drafts under the selective-draft law of May 18, 1917, have been made by the President:

"First. Hospital internes who are graduates of well-recognized medical schools or medical students in their fourth, third, or second year in any well-recognized medical school who have not been called by a local board may enlist in the Enlisted Reserve Corps provided for by section 55 of the national defense act under regulations to be issued by the Surgeon General, and if they are thereafter called by a local board they may be discharged on proper claim presented on the ground that they are in the military service of the United States.

"Second. A hospital interne who is a graduate of a well-recognized medical school or a medical student in his fourth, third, or second year in any well-recognized medical school, who has been called by a local board and physically examined and accepted and by or in behalf of whom no claim for exemption or discharge is pending, and who has not been ordered to military duty, may apply to the Surgeon General of Army to be ordered to report at once to a local board for military duty and thus be inducted into the military service of the United States, immediately thereupon to be discharged from the National Army for the purpose of enlisting in the Enlisted Reserve Corps of the Medical Department. With every such request must be inclosed a copy of the order of the local board calling him to report for physical examination (Form 013), affidavit evidence of the status of the applicant as a medical student or interne and an engagement to enlist in the Enlisted Reserve Corps of the Medical Department.

"Upon receipt of such application with the named inclosures the Surgeon General will forward the case to the Adjutant General with his recommendations. Thereupon the Adjutant General may issue an order to such interne or medical student to report to his local board for military duty on a specified date, in person or by mail or telegraph, as seems most desirable. This order may issue

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regardless of the person's order of liability for military service. From and after the date to specified such person shall be in the military service of the United States. He shall not be sent by the local board to a mobilization camp, but shall remain awaiting the orders of the Adjutant General of the Army. The Adjutant General may forthwith issue an order discharging such person from the military service for the convenience of the Government.

"Three official copies of the discharge order should be sent at once by the Adjutant General to the local board. Upon receipt of these orders the local board should enter the name of the man discharged on Form 164A and forward Form 164A, together with two of the certified copies of the order of discharge, to the mobilization camp to which it furnishes men. The authorities at the mobilization camp will make the necessary entries to complete Form 164A, and will thereupon give the local board credit on its net quota for one drafted man."

1. It will be observed that paragraph *First* of the foregoing deals with internes and students who shall *not* have been called by a local board, and provides that they may enlist in the Medical Enlisted Reserve Corps under regulations to be issued by the Surgeon General, such enlistment entitling them to discharge from draft if thereafter called.

2. An application for enlistment under this paragraph must be forwarded to the Surgeon General with the affidavit of the applicant, supported by the certificates of his school authorities, showing his present status as interne or student, and particularly how long he has been an interne in the one case, or the year of the medical course that he is pursuing in the other.

3. An interne who has served one year or more as such will not be enlisted in the Medical Enlisted Reserve Corps under this regulation.

4. An interne who is enlisted in the Medical Enlisted Reserve Corps hereunder will be called into active service under his enlistment, if his services are needed, at the end of one year of interneship. Applications for commission in the Medical Reserve Corps, from internes who at the expiration of one year's interneship are called for duty as members of the Medical Enlisted Reserve Corps, or from internes whose year of interneship is about to expire, will receive proper consideration.

5. A medical student (undergraduate) who is enlisted in the Medical Enlisted Reserve Corps hereunder will be called

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into active service under his enlistment, if his services are needed, upon failing to pass from one class to another, or upon failing to graduate.

6. The *Second* paragraph above quoted deals with internes and students who *shall have been* called for service by a local board under the selective-draft law, and contemplates their discharge from the draft, upon condition that they shall enlist in the Medical Enlisted Reserve Corps.

7. It will be the policy of the Surgeon General as a rule to recommend discharge from the draft upon the condition indicated, the discharge to be followed by a call to active duty under the enlistment in the Medical Enlisted Reserve Corps at the expiration of a complete year of interneship or upon the failure of the student (undergraduate) to pass to the next higher class or to graduate.

8. Internes and students who are enlisted in the Medical Enlisted Reserve Corps by virtue of these regulations, and are not called into active service under such enlistments, are required to report their status to the Surgeon General as follows: Internes, at the end of each three months' period, such report to show the total amount of interneship since graduation, and to be countersigned and attested by the Medical Superintendent of the hospital; students, at the end of each semester, such reports to show whether the students qualified for advancement, and to be countersigned by the deans of their respective schools or by subordinate officers representing the deans.

9. In the execution of these regulations the Department will not recognize interneships in hospitals, sanitariums or other institutions conducted for profit, or in small private hospitals (50 beds or less), or new interneships established or added since May 18, 1917, to those previously existing, at any hospital, excepting such as may have been newly established and added by reason of a proportional increase in the bed capacity of such hospital; nor will it recognize interneships in the case of any graduate appointed thereto later than August 1 following his graduation.

By order of the Surgeon General.

ROBERT E. NOBLE,
Lt. Colonel, Medical Corps.

The above provisions with regard to the exemption of internes do not apply to interneships which have been established since the war began, except in new hospitals which

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have been opened since that time, or in large institutions where new and legitimate services have been established.

(This last paragraph is not the official text but represents the writer's understanding of the matter.)

It will be seen from the above that internes may be exempt for one year, and medical students for the remainder of their course, provided they pass from one class to another. This does not provide for the continuation of service in hospitals of a sufficient number of internes to provide for the longer service required of a limited number to carry on the resident system. Speaking as an individual, I think this is a pity, but I am sure that whatever can be done by the Surgeon General will be done, in order to safeguard the resident system, which has so largely been adopted by the larger hospitals.

New interneships, established since the war began, will not be recognized, except in new hospitals, or established hospitals of sufficient size to warrant such exception. I am sorry to say that evidences of evasion of the above provisions make it necessary for the Surgeon General to have the deciding voice in regard to exceptions.

I think the provisions with regard to medical students are sufficiently clear.

Now, it is apparent that in spite of these provisions, hospitals will be obliged to modify their organizations, in many instances considerably.

In the first place we must recognize that we are at war, and on a scale previously not dreamed of. All institutions must modify their organizations to meet war conditions. Hospitals must do their work with smaller staffs. Some phases of hospital work can be sacrificed temporarily if necessary, without lowering the efficiency of the hospital so far as relates to the care of the sick. In many hospitals senior medical students can be used as internes; nurses can be used as anesthetists, in fact every legitimate device may be necessary in order to keep our civil hospitals going and at the same time provide the necessary number of physicians to the army.

Another respect in which the hospitals will suffer will be from a shortage of trained nurses. When fifteen to twenty thousand trained nurses are called into service, as they will be if the war program is carried out, there will be a shortage of trained nurses. These will be largely recruited from among those who are doing private nursing, but a considerable number will be taken from hospitals. Now, it is just as essential to keep the training schools for nurses going as

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it is for the medical schools. Those holding teaching positions and important executive positions should be retained if possible, but many of the head nurses will go and they can be spared. Senior pupils must be utilized to fill their places. Larger classes should be enrolled, so that if necessary in case of great emergency, a part at least of the senior classes could be graduated early and made available for military duty. Readjustment will have to be made in this respect, as in many others.

It may be of interest to know what steps have been taken to secure the requisite number of nurses. The Red Cross nurses from the Nursing Reserve for the Army Nurse Corps. Already about 13,000 are enrolled, and they are being enrolled at the rate of nearly 1,000 a month. The standards of the Red Cross require a nurse to be between the ages of 25 and 40, a registered nurse, graduated from a school connected with a hospital of at least 50 beds. The age requirement has been modified, if the report of a special committee of the Red Cross is adopted by the War Council, so that the lower age limit will be 21 and the upper age limit will be indefinite,—that depending upon the individual's fitness. The 50 bed limit is recommended to be modified, so that a graduate of any school will be acceptable, provided that school is recommended by the state board of registration as giving a course sufficiently thorough for war purposes.

Then there is the question of the need of training nurses' assistants. The special committee appointed by the War Council to consider the nursing problem, has recommended that while it is not a pressing need at the moment, should it seem desirable, a special course for the training of nurses' aids should be given, this course to cover a period of one month of 8 hours each day, and that these courses may be given in any school recommended by the State Boards of Registration, as qualified to give such a course. It is expected that this report of the committee referred to will be adopted. The Nursing Bureau of the Red Cross will then give directions and regulations governing the course. For the moment, however, the pressing need is to enroll the required number of nurses for the army, and this is going forward satisfactorily.

These are some of the factors which enter into the reorganization of the civil hospitals on a war basis. What is the specific function of the civil hospital in the military scheme, and what must they do to prepare to serve the army? That is a question which I fancy many will ask, and which I take it was intended for discussion under the

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title assigned to me. The present plans of the Medical Department of the Army do not contemplate the use of civil hospitals to any great extent, except in the event of a great emergency. It must be apparent that the great need of hospitals for army purposes will be in France. Our line of communication is much too long to permit of sending wounded soldiers back to this country, except when it has been determined that they are no longer fit for military duty. Even then it is planned not to subject them to the long sea trip until they are sufficiently recovered to enable them to take the trip with the minimum of discomfort and suffering.

Such a plan, therefore, means that the most of those sent home will be already convalescent, but will need reconstruction and re-education to fit them to return to lives of usefulness, so far as possible. Will the civil hospitals be used for the treatment of these men? So far as the army is concerned, that is not the plan. It is necessary to retain these men under military control in order to keep the military records complete and to protect the government in the matter of pensions. It is furthermore desirable in order to compel those men who require it, to undergo training and re-education in order to fit them for lives of usefulness. The experience of England and France has been that after men have been in active service at the front and have suffered the rigors of modern warfare, unless they are kept under military control, there is a tendency for them to avoid this necessary re-education, preferring to return home, at least for a period, after which many do not return. It is strictly in the interests of the soldier that it is planned to keep him under military control until he has been readjusted or re-educated, so that he will have a place in our industrial life and may be a useful citizen. The whole plan involves the question of re-education, vocational schools, employment bureaus, adjustment of state compensations and liability laws,—in fact the problem is so great as to be almost staggering. It will be at once apparent to you that if this problem of the re-education and employment of the physically handicapped is solved for the soldier, it will represent a great step forward as a permanent contribution to our civic system by solving the problem for the industrial cripple and the physically handicapped individual generally.

The present plan is to use the existing government hospitals and temporary hospitals constructed for the purpose, also such existing institutions as may be turned over to the Government entirely. It is also possible that large insti-

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tutions which are able to place at the disposal of the Government a considerable number of beds, say 100 or 200, may be used, in which case that part of the hospital will be under military authority, either by assignment of a medical officer. or by contract with members of the regular staff, or both. Where a whole hospital is turned over, it will be operated strictly as a military hospital. Where a portion is turned over, if it is used, it will be by contract arrangement. The present plan, therefore, does not warrant hospitals in general, in going to any great length in providing for soldiers, unless it is on the advice of the office of the Surgeon General of the Army or Navy. It is, of course, quite possible that these plans may be modified, either from choice or from necessity, but at present it is not the plan to use civilian hospitals to any great extent, except in the event that the provisions made should prove to be inadequate.

What then should the civil hospital do to prepare for service during the war?

It should offer to the Government as many beds as possible, but they should be actual beds, readily available and in sufficient number to be worth consideration.

It should cut down the size of its staff to the minimum, in order to release as many physicians as possible for military service.

It should organize its interne service on a one year basis, in order to comply with the regulations laid down.

It should prepare for the release of as many nurses as possible.

It should admit as large classes as possible and prepare, if the emergency should arise, to graduate at least a part of the senior class of nurses early.

It should be prepared to train nurses' aids whenever called upon to do so.

This is merely a sketchy review of the problem, the plans for its solution and their effect on the civil hospital. It is incomplete and hastily prepared, but I trust it may give an idea to some of what is being done and what is expected.

The question may be asked, "What about those members of Hospital Staffs who have had more than one year's interne service? Is there any provision for detaining those men for purposes of assistant residenceship?" There is no provision for this class of men. The provision for exemption applies only to internes, and interneships are recognized for only one year.

"What is the status of internes already drafted, who have on that account joined the Reserve?" They are subject to

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exemption, if needed, to man civil hospitals, but only for a period of one year.

"Should internes and medical students who have not been drafted, enlist now, or should they wait until drafted, and then enlist?" There is no object in having these men enlist now. There is provision for them in case they are drafted, and if they enlist now, then their services cannot be retained after a period of one year. If they do not enlist now, and are not drafted, then these men will be available for longer hospital service until they are drafted.

In order to safeguard the hospitals, so far as possible, and to provide at least a minimum number of men with hospital experience, who may be available for the senior positions on the staffs, it is recommended that internes and medical students, who have not been drafted, should not enlist in the Enlisted Medical Reserve Corps at this time, as no particular purpose is to be served thereby, and there is a provision which will cover them in the future, provided they are drafted.

It is apparent that the hospitals which have established a residence system, or systems which provide an organization for a residence staff which includes men who have had more than a year's interneship, will be obliged to reorganize on a basis of one year's interneship, excepting such men of upper staff as are not caught in the draft.

The provisions by the Medical Department of the Army for hospital facilities will then be for the most part in France for the acutely ill. Experience on the other side has shown that nearly 80 per cent. of the wounded men are returned to fight again. Such a plan, therefore, means that the most of those who are sent home will be already convalescent, but will need reconstruction and re-education to fit them to return to lives of usefulness, so far as possible.

It is the plan of the Medical Department of the Army to handle this problem so far as possible as a problem of the Surgeon General's office, calling upon such outside agencies as may be necessary in order to get all the assistance possible in carrying out the program. It will be at once apparent to you that if this problem in re-education and employment of the physically handicapped is solved for the soldiers it will represent a great step forward as a permanent contribution of our civic system.

I have about 50 copies of the regulations with regard to internes and medical students which I will leave here for those who want them. Copies will be sent out from the Surgeon General's office within a few days to most of the large hospitals and all of the medical schools.

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A MEMBER: Would it be possible for this Association to have a copy of Dr. Smith's report? I represent a hospital that is in the vicinity of a good many camps. We have offered so many beds. We are lacking in internes, and that report seems to explain a good deal that otherwise is not explainable, and it is difficult for the government to communicate personally with all hospitals, and while we have received a great many communications on the subject, at the same time it seems to me that if it were possible to have a draft of Dr. Smith's report circulated among the hospitals of perhaps 150 beds throughout this country, it would be a valuable aid to the superintendents of those hospitals.

THE CHAIRMAN: The Association will endeavor to have this report printed as speedily as possible and send it to all the members. The headquarters of this Association, which have been in Philadelphia for the last year, are about to be removed to Washington, where we will be in as close contact as we can get with all that is going on in a military way, and will attempt to keep the Association notified of all important changes of every kind that affect its members.

A MEMBER: Six months from now that report will be of no value whatever. Now is when we want it, it seems to me.

THE CHAIRMAN: You know in my own business and where I am subject to investigation, I always like an incisive way of going and getting something and very much dislike an indifferent answer such as I just gave and, therefore, I am going to ask the Secretary what he proposes to do about getting out this address of Dr. Smith?

SECRETARY WALSH: In the first place, since the report is an authoritative statement from the office of the Surgeon General, it seems to me we will have very little difficulty in getting the Surgeon General to multigraph this report and send it to every member of this Association within two weeks, and if the Surgeon General does not do that, we will see that you get it at once.

THE CHAIRMAN: I will ask Major Hornsby to open the discussion.

DISCUSSION

DR. JOHN A. HORNSBY: I had anticipated the pleasure of going into this subject at some length. Fortunately Major Smith has gone into it exhaustively, and most unfortunately I have just had a telegram calling me to the bedside of a very sick daughter and I am leaving in fifteen minutes, so I shall have to say what I am going to say very briefly.

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Nearly every subject or topic has been covered by Major Smith excepting one in which the hospitals of the country are deeply concerned, namely, what are we going to do about supplies? What are we going to do about the high cost of everything and what is the government going to do about the problem of helping us to meet these high costs? Major Smith has told us that the government must take our medical officers. Yesterday I suggested a remedy in part for that by having the hospitals commandeer the services of others, men not now actively engaged in hospital work. I believe this can be done to an extent little dreamed of by most hospitals at the present time whose officers are accustomed to look to certain men for initiative and for service. There are 60,000 approximately medical men in the United States in hospital work. There are approximately 200,000 medical men in practice; why are their services not as available as those 60,000, 20,000 of whom, Major Smith tells us, are to be taken for military service? And so with our nursing; we can help in that. I am sorry I haven't time to go into it. The thing that it seems to me we are almost helpless in is the question of supplies. Three years ago we began to supply the allies with hospital products—our manufacturers—and to take care of our own hospitals on a peace basis and our own army on a peace basis. Now, we have come upon a time when we must supply the allies, supply our own army upon a war footing, supply our hospitals, our civilian hospitals; what are we going to do about it? It seems to me this is a military problem, consequently I think possibly I may be excused for offering a solution—it seems to me that the government is in duty bound to accept a certain amount of control over the manufacture and production of commodities in order that the civilian hospitals may not suffer. Already producers have been called to Washington and have been told what their duty is to be, what products they are to be asked to furnish and in what quantities, and almost unanimously those producers have met more than half way the government's requirements and the war conditions are to be taken care of. Now it seems to me without attempting to influence the action of this Association, it seems to me that it would be in perfect keeping with ethics and with the support of the government in all of its phases, be in perfect keeping for the Association to appoint a committee that should wait upon the Council of National Defense, and ask that whatever is done in regard to commodities for war purposes and for our over-seas allies should also be extended to our civilian hospitals; in other words, if a price is to be fixed for military purposes that price must also be fixed or should also be fixed for our civilian hospitals. Major Smith has told us what the American civilian hospitals are not to be asked to do, namely, to take care of soldiers. What are they then to be asked to do? We have here 20,000 medical men, the Major tells us, who have been commandeered into military service; we have a very large number of nurses, the number I did not hear, but approximately a great many thousand of them; we are going to have hospital employees of various sorts going with those units; we are going to have to reorganize our hospitals; we are going to have to put in new people. Now what is the civilian population going to do? In Europe to-day, in Great Britain, the number, the percentage of doctors has gone down until there is only one doctor to 6000 of the British population, and we are now asked to help out, to supply medical practitioners to take care of part of Great Britain's civilian population. We are going to have to do it; we should have to do it—France, too, I suppose. Well now, heretofore about 90 per cent. of the people in this country who have been frankly sick with some disease calling for the attendance of a medical man, have been in the homes of the sick; in other words, only about 10

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per cent. of our sick people have been in hospitals. That means a tremendous amount of individual service by medical men and by nurses, and a tremendous amount of apparatus and equipment that must go into the homes of the people when in reality those assemblages ought to be made in the hospitals themselves, and if the people are sick in the hospital instead of in the home, we know how many more of them and with what greater facility they may be taken care of than where they are distributed and isolated, one patient in the home. Now if this all means anything, it means a concentration of sick people in the civilian hospitals of this country. If we are going to concentrate them, where are the beds to come from in your hospitals? You have got to find them. In other words, ladies and gentlemen, the moment is upon us—an epoch. I have said many times that the growth, the jumps in the hospital world have come in war periods. This is a war period, calling for a tremendous jump in hospital service. We have got to meet it, and one of the things that we have got to do is to find places for a million or two million of sick people in our hospitals, whereas we have been finding places for about 400,000. The facility, the efficiency with which those beds are found and with which those patients are cared for in our hospitals is going to measure the future of the hospitalization of all of our people; in other words, if the hospitals measure up to the demands of this age, when every sick man, woman and child is entitled to a good bed in a good hospital and attendance by a good physician who has at his fingers' ends the facilities, the scientific equipment, only assembled in the hospitals, if we are to have these things, you, the hospital people, have got to find them. You cannot build now on any tremendous scale; war prices prevail; many things are high. Many hospitals, it is true, are being built, but immediately after this war is over, when material and labor are again stabilized, the impetus for new hospitals and new beds is to be tremendous, but now is the time, when initiative and the ability to plan, to take advantage of what we have got and not wait until it is brought to our doors, to our hands, is going to measure up your efficiency and mine. The hospital superintendent to-day who says, "I can't, I can't get more medical men, I can't get more internes, I can't get more nurses, I haven't got beds and I can't make them," is the hospital superintendent, take it from me, ladies and gentlemen, who is going to stay where he is and not grow into higher levels, who is not going to be called on for those tremendous activities that we must all be prepared to meet as our bit. In other words, we are against an emergency, and while our medical forces of army and navy are, to my way of thinking, unexampled in history, we in civil life must do our part. I said our military services were unexampled in history. I believe that to be true. At the outbreak of the war, before the war came, we had here built by the regular establishment in the Surgeon General's office in the army and navy, a machine, perfect of its kind, large enough for any emergency, that could have handled this war beautifully in all of its branches; but unfortunately machinery means that there must be engineers to handle it, and we of civil life have not been able to take that machine and work it ably, well. A few, like Major Smith and some of those men who were called into the Surgeon General's office have done their part splendidly, but the great mass of us civilians have not been engineers of skill and finish and knowledge that would enable us to work this fine machine, so that the troubles that we are having in the army and navy, some of which Major Smith has suggested, are not troubles within and born of the army and navy themselves, but they are born of the necessity to work a beautiful piece of machinery well set up, well thought out, in fine working order, with unskilled workers. Think

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of that, and then let each one of us go home making up our minds that while our soldiers on the fighting line are going forward to do their bit and do it well, let us stay behind and do our part equally well. Before I close let me give you one hint; you are to have on the fighting front in France the finest army of men ever put in any uniform. We have done something to build that army that has never been dreamed of before; we have had medical examiners, but we have had medical examiners who have simply undertaken to find the efficiency of the man as he was apparently. Now then, we have taken Major General Gorgas's scheme of preventive medicine into the examination of troops. We not only have general medical boards for the examination of men, but we have also special groups for tuberculosis to see that the man has no incipient, latent disease. We have special groups for the examination of hearts, in order that we may be able to determine as accurately as possible whether that man under the pressure of the trenches, under the pressure of the activities of war is to fall down or blow up. We have examiners in the genito-urinary diseases. We have mental experts to see whether that man is going to maintain poise, whether he is sane and is going to remain sane; so that when our men go to the trenches, it will be the cleanest, finest group of men physically and morally that has ever been assembled.

THE CHAIRMAN: We have to come to the metropolis of Ohio to find out how quickly work can be done. A moment ago a request was made that we have Major Smith's paper applying to internes and medical students and regulations ready for distribution some time within two weeks; you can have it by applying at the office of the Secretary at four o'clock this afternoon. This is the very efficient work of the Cleveland Hospital Council. I am going to ask Mr. Howell Wright, to continue the discussion of Major Smith's paper. Mr. Wright, as you all know is—I cannot give the exact title, but in some way connected with the Advisory Committee of the Council of National Defense representing the State of Ohio. Mr. Wright has disappeared. Pending his return to the room, the paper is now open for general discussion.

DISCUSSION

MR. TEST: Will Dr. Smith please tell us just what is the difference, if there is any, between the medical enlisted corps and applying for a commission in the medical reserves? It is just a bit of information that I thought we would like to have. Perhaps it is the same thing; I don't know.

THE CHAIRMAN: Mr. Wright has now returned to the room and we would be very glad to impress him into the service of discussion.

MR. WRIGHT: I think the President wants me to announce that we have just ordered 1000 of these special copies.

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THE CHAIRMAN: I have just announced it.

MR. WRIGHT: Did you wish me to discuss the paper?

THE CHAIRMAN: I certainly did.

MR. WRIGHT: Ladies and gentlemen, I did not hear a single word that Dr. Hornsby said. I think perhaps it may be proper for me to mention the appointment of a special committee on health hospitals. At the meeting of the Ohio Branch Council of National Defence there was no representative of hospitals or health nursing upon the State Council and at the request of Representatives of the Ohio Hospital Association, and the Cleveland Hospital Council, a Committee has been appointed and at its very first meeting the entire question of adequate hospital and nursing facilities in Ohio was brought up for discussion. The Committee immediately got in back of the State Graduate Nurses' Association and is now completing a survey, a survey of the nursing facilities in the State of Ohio, in the hospitals as well as the public health nursing facilities and I think that will be completed at a very early date. Of course, it is exceedingly important for us to know what facilities we have in anticipation, perhaps, of greater needs in this present crisis. As for hospital facilities, a complete analysis has been made of the tuberculosis hospital facilities in Ohio. That report is done and will be considered by that special committee next week. I know that it is proper for me to say that one of the recommendations is that every County Commissioner of the 88 counties in Ohio will be invited to Columbus to be addressed probably by the governor and special representatives of the Council and they will be urged to go back to their counties and advocate special levies for funds to increase the tuberculosis hospital facilities. The last legislature of Ohio passed very progressive legislation which gives the County Commissioners authority in making levies for tuberculosis hospital facilities and also for tuberculosis dispensaries. The Committee also has in mind the need of facilities for the convalescent and for the handicapped and will work as hard as it can along those lines and will, of course, have to have the coöperation of the hospitals of Ohio and particularly the Ohio Hospital Association. It has been the policy of that Committee and I may say the policy of the State Council, not to create new organizations, or new agencies unless absolutely necessary, and the hospital organizations, officials and authorities as well as the nursing organization of Ohio, are going to have the opportunity to respond to the call that has been so admirably outlined and presented here by Major Smith and Major Hornsby. Locally, I might mention this, you will see at the great Warrensville Farm, possibly tomorrow, I think you will be convinced of the great opportunity for the organization, the establishment of convalescent hospital facilities there. Last Monday night an ordinance was passed by the County Council here authorizing the submission to the people of the question of a million dollar bond issue for hospital facilities here in the City of Cleveland. It is very timely. I think one of the most important duties of the hospital organizations in this City will be to get back of that bond issue and see that it carries. I think that is all I can add.

MISS MARY E. LEWIS, Chicago: There is one thing Major Smith spoke of, the bringing into service of larger classes of nurses, which is easy to talk about and hard to do. I have a thought that may not be worth anything, but at least it will not hurt to give it. For many years we have looked towards college graduates with envy, wishing that they would take up the nursing service, realizing that women who had educa-

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tion would do a great deal in our schools for women who have not had a chance to have it. Is this not a good time to solicit college graduates by giving them a one year's credit in the course for their college diploma and graduating them in two years instead of three, thus giving our government nurses one year sooner than we otherwise could?

Dr. E. J. Van Dyke, New York City: I believe 100,000 letters have been sent out from the Teachers' College of New York to college graduates, I think offering them a nine months' course of training in the hospital, that is something done to solve the nursing problem. I took a little exception to Major Hornsby patting himself on the back that we are the greatest things that ever were. The Canadian Hospitals, the Canadian contingents on the other side are a marvel and if we give one out of six of our people, as Canada has done, we will have something to be tremendously proud of. The people who are not pluming themselves are those who have some trouble with the government and are going to be conscripted, but Canada has started in by giving most abundantly. It was my pleasure to visit the military hospitals in France, to be within twenty miles of the firing line, to study the Canadian contingent, and if we come near Canada, we will do very well. Nothing possible has been left to consider. There on a little hilltop of Notre Poure they have thirty *x*-ray men, and they were manned by the most splendid Canadian and British officers. I think we have a lot to live up to, and as far as our civilian hospitals are concerned, I think we are going to do a tremendous lot by taking care of the wives and mothers, and little children, the dependents, and I think a great many are starting over to Europe thinking that there is nothing to be done in the home zone. At Winnipeg a very sad letter came to me from a most reliable source, a colonel in the army there, stating that farmers were delivering their own wives resulting in 50 to 75 per cent. of deaths among the Canadian women on the farms. That is a terrible thing. I think we should look out and not deplete our own country too much. There is an organization in New York of medical women's hospitals, 6000 women doctors from all over the United States have banded themselves together and are preparing to go to the Servian deserted villages and also to France and England and help there. They are taking a quota of women doctors and one woman lawyer to settle their affairs. They are taking dentists, stretcher bearers, ambulances, stenographers, and above all, women dentists to take care of the women and children in those devastated villages. I think there are a lot of very fine women who sit down and don't talk, they never speak, but their work is hard, who could be corralled into hospitals if we chose to do it. I have degenerated from a nurse into a doctor, and it seems to me that is a point that might be taken into consideration, what to do with the women doctors.

Dr. Cleveland H. Shutt, St. Louis: I have been very deeply interested in the subjects that have been presented by Major Smith and Major Hornsby, and I wish to mention just one or two matters which I think will bear consideration for such action later, as the wisdom of the united body of intelligent people will permit. We will all agree that the average American doctor and nurse is as intelligent as any other person from any other country and we all have the confidence in our people that are in these various organizations, the Surgeon General's office and the General of the Army, etc., but we must stop to think of one thing further, and that is that these officials cannot go further than they are authorized to go by the enactment of the Congress. Now then, as was mentioned by Major Smith, a number of months ago when this conscription law was up for consideration by Congress, some pretty definite sugges-

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tions were made at that time concerning the method of organization. They were not heeded and I say that the Surgeon General's office has done wonderfully well under the handicap that Congress has placed upon it. You all perhaps know that it has only been within the past few days that, by nobody knows how many devious and dark passages, they finally arrived at this order that Major Smith read to us this morning. They had to dig around and scramble and make a little allowance here and a little there, and then you will note in the reading of those orders, it says so and so may be done, it don't say will be done. Now then only yesterday a representative of the army appeared at our hospital. He is a resident of our city and read to our internes some orders he had received just that day which in a measure contradict some of these things, and this proposition is not yet just exactly certain, as to just what we are going to do. The point I would like to make is this: I think we ought to consider whether or not it is advisable to insist that our law making body get busy and do a little more for us so as to enable our officials to do more for the people. In other words, why should they extract the medical force for the care of the army from between the ages of 21 and 31, or whatever the legal limitations are of that draft law, and thereby remove practically all of the internes from the hospital, reduce the supply of these hospitals, many of them in communities supply the poor people, leaving doctors above that draft age taking care of those who have means? We all know that a lot of the doctors above the draft age are enlisted and we know of a great many that are not enlisting that should go into the service and leave some care of a definite nature for the poor on our hospitals, at least, and reasonable care for the civilian population. Now it seems to me that the establishment of a definite committee with authority enacted by Congress enabling that Committee to have supervision of the hospital and nursing situation and medical situation to this extent that each community would at least be standardized from a minimum standpoint, at least, of hospitals that that community will require under all circumstances, and then do the best they can to standardize the absolutely necessary personnel; let that standardization be done in an authoritative manner. Then there is no doubt but what they will have to pass a special law sooner or later for the drafting of doctors above the age of the ordinary soldier draft, and when that is done they can take a sufficient number of physicians, which they should have done originally, to supply the army and not remove medical and nursing service from the poor of our communities and still permit them to obtain it, because those physicians above that draft age can remain at home if they so desire, and that same thing applies to the nursing sister. Now in St. Louis the nurses joining the Red Cross has carried with it some very unnecessary hardships. In St. Louis alone one of our private hospitals lost every nurse in their personnel. A number of years ago a nurse joined the Red Cross and here the call came for the unit to go and they did not know exactly what to do and they went, and it was the same thing with our institution, we lost all but two, and they are cutting off the supply of nurses every month. That is not necessary and would not occur if some committee or some body or some office had the authorization to do those things as they ought to be done, and I am saying this from what I believe to be my patriotic duty for the benefit of our people. I think we ought to urge our Congress to do a little bit more.

Dr. A. R. Warner, Cleveland: It is difficult to estimate the value of Dr. Smith's paper; it is difficult now; it will be increasingly more difficult to estimate the importance of that paper to the hospitals and the amount of guidance hospitals may derive from its teachings. I would

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like to ask Major Smith if that paper is an official document of the War Department and will be issued from there, or if it can be published or printed? I am sure the Modern Hospital will do it promptly and send it to all the hospitals of the country. If it can be gotten into print and placed in all hospitals promptly, the guidance which the War Department wishes to give hospitals and the guidance which hospitals wish can be brought about much more quickly, I believe, than by waiting for mimeograph copies from the office.

DR. WARNER: If the War Department will allow it, I am sure the Modern Hospital will put the paper out very quickly.

MR. RICHARD P. BORDEN: I hope Mr. Smith's paper is not a final conclusion of the whole matter; if it is not, it is useless to publish it. Individually and without knowing anything about the proposition, it is my personal opinion that the civilian hospitals already in existence ought to be used for practically all the reconstruction cases that come back here to America. I speak ignorantly because I have not been permitted to know. I have great faith in our authorities at Washington; I think they have done admirable work in building up this army and in making provision for the care of the sick and the wounded, but I still hold, without criticism, but only in the hope that things may be done even better than they are being done, that improvements could be made whereby our facilities for hospital treatment could be conserved to the advantage of all. I think I have already said that some time ago the trustees of this Association considered it important that somebody should be thoroughly informing himself about the future needs of those hospitals in this country, and we communicated with Washington and we ascertained that what we thought a very efficient committee was appointed to have charge of the Third Zone hospitals. Dr. Goldwater was the Chairman of that Committee. Dr. Smith was a member of it, and feeling that we should not duplicate efforts in that direction, we rested content in the belief that that Committee was in a position to advise and inform us with regard to the plans for hospitals in this country. It would be of great advantage to the members of this Association if there was some authoritative organization in Washington to which we could communicate the voice which we gathered from our various representatives wholly with the idea of being of benefit and not a detriment to the service of the country. At the present time, so far as I am aware, there is no such organization. In other words, this Association has today the ear of nobody that has the ear of the Government. It seems to me that with the wealth of knowledge and experience of hospital matters represented by this Association, that we should be in a position to make suggestions. Again, without criticising, and expressing only my own personal opinion about this matter, which might be improved very greatly if there was opportunity for consultation with somebody who knew the business—I went to one of the cantonments for the drafted men, and I found there a hospital practically completed with a capacity of 1000 beds to take care of a population of 40,000 sick men. I speak from personal knowledge with regard to that. Is it true of all the other 26 cantonments of the country? Now it seems to me, not knowing anything about the proposition, that there is an extravagant waste of not only hospital buildings, hospital materials, but hospital physicians and hospital nurses. Where are they going to get, out of 40,000 men in the prime of life, a population of 1000 in that community? I do not know what our daily hospital population is throughout the country, but certainly it is not in excess of four or five per thousand, and here 25 per thousand is provided for among the picked youth of the country.

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Here is another thing which, however, is from a newspaper. I saw in a newspaper the other day that two men had been appointed directors of reconstruction work in this country—this may be nothing but newspaper talk, but it is a matter which we ought to at least investigate and find out whether it is true or not, and if it is true, we ought to do something about it—the story in the newspaper went that they proposed to recommend at once the establishment of 35,000 beds abroad for the care of reconstruction cases, and 7000 beds at home for those purposes, with an ultimate capacity at home of 7000 more; that is, 49,000 beds for an army of a million men; and figuring roughly, that would mean to me, if I am anywhere near correct, the treatment of 250,000 reconstruction cases out of a million men, per annum. I cannot believe that story is true, but it came out as an authoritative statement in the editorial columns of a responsible paper. What we want to do is to help, not to hinder by unwise criticism, but to do whatever can be done for best solving this problem, of which there are many sides. The people here in this audience started in solely for the purpose of helping the suffering of humanity. We are not here for business, we are not hunting for business, all we are doing is looking for work, looking for valuable work, work which shall be beneficial. It cannot be believed that we are going to be hypercritical with regard to the military situation and taking care and looking out for the sufferings of the men that we are sending to represent us in the fight abroad; it ought to be believed that whatever this Association does in the way of representation is solely for the benefit of our men and of our country, but there ought to be some method provided whereby the wisdom of hospital administration shall be at the beck and call of the authorities in Washington, and I hope that some method will be evolved before this convention adjourns which will bring home to the men so busy in Washington the fact that there are competent engineers, as Dr. Moss suggests, for certain departments of the work, and they ought to make use of them to help keep the machine going with the utmost efficiency.

Miss Minnie Goodnow: I wanted to ask Major Smith two questions. One is, why is the U. S. Government and the Red Cross sending this year so many hospital units to France? I come from two years' service in France. There has been no need this summer of additional hospital units. The hospitals that are already in service have not been busy, except some of the British hospitals. There is no need at the present time of additional help; there will be less need this winter; there never is need in the winter; there are always more people over there in winter than are needed, both doctors and nurses. The hospitals are always partly vacant, partly idle, because there is very little fighting in the winter. Why not retain in this country until next spring, the hospital units? Next spring they may be needed. Our own men will not be in the fighting line this year, or only to the most limited extent. It would not take ten nurses to care for all the patients that will come from the American army this winter. Next spring late there may be some need of hospital units. At the present time there is not. The units that are over there are not busy. It seems a pity to cripple our hospitals at home until the time comes, and another six months will help us to adjust conditions here. Another question—why has the Red Cross and the Government decided not to use nurses' aids? More than half of the work in any war hospital can be done by nurses' aids. There are thousands upon thousands of women available, waiting, that are good material for nurses' aids. Why use our trained nurses to do work that can be as well done by the untrained or short course woman?

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THE CHAIRMAN: Are these women in France or America?

MISS GOODNOW: Both; there are thousands in France and thousands more in America. Why not take our college graduates for that sort of thing? There are plenty of them standing ready to go.

MR. DANIEL D. TEST: It seems to me that Dr. Smith's paper is a very informing one and I hope it will be printed and circulated. I also hope that we will not give up the idea of doing our bit as we see it, just because the Government does not accept the point of view that some of us have. I want to champion Mr. Borden's plea for reconstruction work in our civilian hospital. If I am mistaken, I want to be corrected, but I believe it is true that the best reconstruction work that has been done in France has been done by the independent hospitals and not by the military hospitals, and throughout our great country here nearly every well recognized hospital has a body of philanthropic men and women whose interest will be enlisted for these unfortunate people, and I cannot help thinking that those people who return to this country for reconstruction, and the country itself, will be better off in the final analysis by having the work and the skill and the organization of the civilian hospitals and the body of men and women who are back of them, than a distinctly military organization.

DR. W. G. NEALLEY, of the Mayor's Defense Committee, New York City: I was very much interested in that portion of Dr. Smith's paper which recommended that a month's course of eight hours a day be instituted in hospitals to provide for nurses' aid. Last spring we started a class of nurses' aids to take the place possibly of those young ladies who were called to the colors from our own institution, also to train aids for Naval Base Hospital No. 1. We did not know that there was any limit to be placed upon the number of young ladies. Up to the first of July we had trained 70 young ladies who might possibly go with the unit, and I now understand that they probably will not be called. We desired to train these young ladies to come in perhaps four or six hours a day, young ladies who would probably not go into the nursing profession. Some of them were the society leaders of Brooklyn, and could devote a certain number of hours a day to aiding us. I say we trained 70; then we were informed by the inspector of nurse training schools of the State of New York that we could only train 15 to become active aids for a base hospital unit and 17 in reserve. We had to send out over 40 young ladies that we could no longer continue in the course. Much talk has been made in New York City regarding the allowing of a certain length of time, I think it is nine months, to college graduates. Nothing has been said about letting down the bars which the State Board of Registration requires, namely, the equivalent of one year in high school for admission to our training school. I contend that a grammar school graduate with nine months' intensive training in an institution is better than a college graduate with nine months' credit. We are urged by the War Department to train more nurses. At the Brooklyn hospital we have taken on 20 more nurses than our normal capacity. We have a great many young ladies apply who have not had one year's high school education. I think that this is fully as important as the granting of a nine months' credit to a college graduate.

MISS MARY TRAFFORD: I would like to further impose upon the good nature of the management to ask, if possible, that these discussions be added to this hasty print we are to have of Major Smith's paper. I believe they can be used to advantage in convincing the citizens of the communities of the necessity of insisting on the proper equipment of

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local hospitals in order to meet the extra demand there will be to accommodate patients and thereby facilitate the ability of a physician to visit a large number of patients in a minimum time.

THE CHAIRMAN: We will submit the whole matter to Major Smith, discussion, paper and all, and get it to the members as soon as possible. I heard the major say in his talk that there was certain things he thought he could say, but he wouldn't like to say them, so I imagine there are some things he cannot add until he gets authorization for them more definite than he now has. Is there any further discussion?

MISS MARGARET M. CUMMINGS, Sharon, Pa.: Dr. Nealley's remark brought a question to my mind in regard to the nursing situation. I have had some experience in the past six months with asking for my graduates to be enrolled in the Red Cross nursing service, and there is one question I would like to ask this Association, why does the Red Cross, when it demands so much of our graduates, carry the advertisement of a correspondence school in its official organ?

THE CHAIRMAN: If there is no further discussion, I will ask Major Smith to close.

MAJOR SMITH: A great many questions have been asked and I cannot take all the time I would like to in answering some of them. I want to start in with the point made by Dr. Nealley. Until there is a greater need for it than is apparent at the present time, I think the last thing we should do is to let down the bars or the standards that we have worked so many years to attain. There is no use being hysterical about it. We are getting graduate nurses now at the rate of a thousand a month. There are 13,000 women in the senior classes of our training schools in the country. If the need really arises, the immediate graduation of a considerable portion of those women would be infinitely better than to let down standards that we might never get back. There is a great deal to be said in criticism of all that has been done; in fact, the one thing that I expected to be criticised most severely has not been touched upon at all, and I am not going to tell you what it is. The point made by Mr. Borden and Mr. Test with regard to the utilization of the civil hospitals as reconstruction hospitals—I am sorry to differ with them. I do not believe that it is practicable. The civil hospitals today are not equipped to do the work in the way in which it has been found advisable to do it, and to attempt to do it in our civil hospitals by breaking up the groups of soldiers into small groups would mean a tremendous duplication of the vocational training side that is absolutely impracticable. Now England and France have found, contrary to the idea that Mr. Test has, that the small private hospitals are not the best for the purpose. They have found that it is better to have the men in large numbers in large hospitals, under strictly military control. Dr. Van Slyke mentioned the excellent work that has been done by the Canadians, particularly by the English and the French, and I quite support their point of view in differing from Dr. Hornsby that we have a right to pat ourselves on the back and say that we are the finest thing there is going. We are not. We ought to be, because we have got a larger number from which to draw and we have got time in which to prepare, and there is no excuse for us to make some of the mistakes that were bound to be made be-

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cause England and France and Canada were faced with an immediate demand as the result of an emergency for which they had no time to prepare. We have time and we are trying to make the best of it, but we are going to make mistakes just the same, in spite of the fact that a lot of good advice is given. Mr. Borden, I think it was, spoke of the fact that it was a pity that there was no place in Washington where advice could be given. Mr. Borden, advice is the cheapest thing there is in Washington at the present time. And it is most freely handed out. There is a place where this Association may send its representative and be heard on this subject, and that is to the Council of National Defense. There is a medical section of the Council of National Defense that has been meeting regularly for the past six or eight months. Problems of this character and of all kinds have been put up to that Council. Many of them have been discussed on the following day at the meeting of the Executive Committee, which is composed of several of the prominent lay members of the medical board of the Council, together with the surgeons general of the army and navy and the Public Health Service, so that there is a way of getting your suggestions before the proper authorities. The use of civilian hospitals in this reconstruction work I fancy will depend upon the completeness with which it is possible to carry out the plans that are now under contemplation. I have told you that it does not contemplate making use of the civilian hospitals to any great extent, and the reason for that is that the best judgment which has been obtainable on the subject, judgment on the part of men who have been abroad, Dr. Goldthwaite, the famous orthopedic surgeon of Boston has been sent over to study the problem, and others have been sent. The advice of Col. Goodwin, the representative of the British Army Medical Corps in the Surgeon General's office, and others competent to advise, has determined largely the course on which the Surgeon General has decided in forming his plans for handling this matter. Undoubtedly mistakes will be made and, undoubtedly, there will be criticisms and, undoubtedly, many things could have been done better, but for the present the plans are along the lines which I have very briefly indicated to you and they are not the result of autocratic and bureaucratic decisions, but the result of the best advice which has been obtainable up to this time. Now Miss Goodnow brought up a point and gave some information which is very interesting to me because it is much more explicit than anything that has been available to the Surgeon General's office up to the present time. The need of hospitals has been determined in several ways. Our troops have gone over in some numbers. Miss Goodnow feels that they won't fight this year. I have not been able to find anyone before this who knew just when they would begin to fight; and I fancy that sending over the hospitals has been a measure of preparedness rather than to meet an existing need. Six of the base hospitals which have gone over—and only 12 have gone altogether—six of the base hospitals which have gone over went over at the earnest request of the representatives of the Royal Army Medical Corps of Great Britain, and they are serving, not American troops, but British troops. They took over existing British hospitals. They did not take their equipment. They went over with a personnel for the manning of a 500 bed hospital, and I happen to know that three of those units have taken over hospitals of over 1500 beds, and one of them of over 2000 beds and the hospitals are full. The other three have taken over English hospitals, as I have said, and are busy with the English army. Only six have gone over to serve with our troops. They are not busy at this time, but I fancy that possibly one reason why more were sent just as the troops were sent earlier than we expected them—I

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say "we" meaning than we all expected them—was in order to demonstrate particularly to the French nation that we were in the war and to give them that encouragement and to know that we were there on the ground as a guarantee of what was to come. I fancy that that may have had something to do with it. Now Mr. Borden spoke of some figure, 49,000 beds for an army of one million. As a matter of fact, Mr. Borden, your figures are not large enough. The 35,000 beds you refer to was a 35,000 bed orthopedic hospital only, and that was on a basis of one million men and that only for orthopedics. The next largest service is general surgery, and that has an allowance of 20,000 beds, so that altogether I think if we were to reckon up the total number of beds that are to be provided on the basis of a million men, it would run nearer to 100,000 in France than it would to 49,000; and those figures have been arrived at as the result of the experience of our Allies. I cannot speak authoritatively on this subject, but I was told by Major Goldthwaite who had just returned from England, I was told not longer than a week ago, and I mention this in order that you may have some idea of the magnitude on which preparations may have to be made, that if the war would stop next day, England would have 600,000 men that required hospital treatment. We do not begin to appreciate yet the magnitude of the task that we have before us. Now a word about nurses' aids; I wish to bring out, which I did not, that the nurses' aids are not to be sent to France, they are to be used only in this country. There is a reason for that. The advice of Col. Goodwin and others has been that the nurses' aids are very useful, very useful indeed, but they become useful by a process of the survival of the fittest. Now, it is one thing to enroll and put into service a large number of nurses' aids in France and to bring them over from England even, because they can be readily returned home if they do not prove to be useful and acceptable, but we are informed that it would be impracticable to attempt to send nurses' aids in large numbers three thousand miles to France, because a large percentage of them would prove to be undesirable and inefficient and it is an expensive process to get them home. That is one reason why it is not contemplated to use nurses' aids in France. The plans are, should it become necessary, to utilize them in this country, either in the military reconstruction hospitals and the convalescent hospitals, or if need be—and that would be determined, of course, by the civilian authorities, in the civil hospitals. Dr. Shutt, of St. Louis, refers to the sending of the units out of St. Louis, and the fact that so little judgment was shown in taking all his nurses. The War Department had nothing to do with it; it was entirely in the hands of those of your own hospitals who organized the unit. If they took all your best nurses, that is your affair, and not ours. They were only turned over to the War Department on the recommendation of the man who was chosen as director of the local hospitals in connection with which the unit was formed. There is one point I wish to emphasize which I did not. There are two paragraphs, two main paragraphs in these regulations. Now it appears that one, the first paragraph, applies to medical students and internes who have not yet been drafted and it would appear that it was desirable for them to at once enlist in the medical enlisted reserve corps. The second paragraph applies to those who have been drafted and provides a way of exempting them. Now, apparently, paragraph number 1 might just as well have not been written, and I wish to point out to you a certain danger that lies in it. If you advise all of your internes and medical students who have not been drafted to enlist in the enlisted reserve corps, they are exempt for a period of one year, and at the end of that year you have got nothing left if they are called, and they have to be

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called because they are only provided for exemption for one year. Paragraph 2 provides for handling them when they have been drafted, so do not advise your hospital internes and medical students who have not been drafted to enlist under paragraph 1. Wait until they are drafted and then let them enlist under the provisions of paragraph 2, because a great many will be saved. Now I am going to tell you what I thought would be criticised, and that is the fact that only one year's interneship is provided for. Now the only chance of having any men a year from now for your upper staffs is the men who are not drafted, but if you get them all into the medical enlisted reserve corps under paragraph 1, there won't be any available, so disregard paragraph 1 and operate in accordance with the advice of paragraph 2. Wait until the men have been drafted, and then the provision is there as made by the President and as put out by the Surgeon General of the army. Dr. Warner asked if this was a War Department communication. No, it is not. The fact that it has some of the ear marks of a War Department communication makes it the most popular document I ever prepared. It is not an official communication; it has been passed upon by the Surgeon General's right arm and is available for publication, if you want it. I was asked to define the difference between the medical reserve and the enlisted reserve. Mr. Test asked the question, and after Mr. Test's experience with the enlisted reserve, I should think he would not have any cause to ask the question. The enlisted reserve is exactly the same reserve corps under which you enlisted, men in the original unit to the number of 153 and to the number of 47 in the supplementary personnel you sent over from your hospital; and the medical reserve is composed of medical men. The enlisted reserve is composed of non-medical men, students, laymen, but under these provisions it will take in hospital internes, not as medical men but simply as individuals. There was one other point I wished to bring out. Internes who were drafted were advised generally to apply at once for admission to the Medical Reserve Corps, and we were taking in a large number of them. It was also said before these regulations came out that those men could not be exempt; they could be used in the Medical Reserve Corps, but they could not be exempt. Now since these regulations have come out, it is considered that they come within the same class and if those men have joined the Medical Reserve Corps they will be put on the inactive file for one year on the application of the institution and the man himself, for one year. If in the meantime, however, he has been ordered to active duty and has reported, he cannot be returned, but those who have joined and who have not yet been ordered to active duty can be saved as members of the Medical Reserve Corps, saved for a year's service to your hospitals, just as the internes and medical students provided for under these regulations. Dr. Hornsby spoke of one thing and that was the need of being prepared in our civil hospitals. I may have a distorted point of view because for the past six months I have seen only one side of it, but I think there is more hysteria in this matter of preparedness for the civil population than is justifiable, and I wish to offer a word of caution. I have known of instances where enthusiastic but misguided individuals, driven by a spirit which is most commendable and which has got to be fostered, have raised thirty-five, forty or fifty thousand dollars for the equipment of convalescent hospitals in this community and in that community, in locations where it is practically a foregone conclusion that they never would be used because of the lack of transportation facilities and the lack of suitability of the surroundings. We do wish to be forehanded and we should be intelligently looking forward to the future in the way of making preparation, but let us not be hysterical

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about it; let us be sensible about it, and that is why I wish to sound a word of caution. We will have need of all our resources if this program is carried out. We cannot afford to be wasteful by giving way to these hysterical outbursts and the establishment of institutions and the purchase of additional equipment so located that it will never be available except under the very remotest of possibilities. I think I have answered most of the questions which were asked. If I have overlooked any, I would be very glad to answer them.

MR. WARREN: I am authorized on behalf of the Modern Hospital, informally to say that if this paper is available for publication, that they will print the paper together with the discussion and mail a copy to each member of the Association four days after the copy is received at their office, and I, therefore, move that the Association accept the offer of the Modern Hospital, and that the Secretary be directed to turn over to the Modern Hospital this paper and a copy of the discussion thereon for publication and issue to the members of the Association.

The motion was seconded and adopted.

MR. WRIGHT: Mr. Chapman, Chairman of the Entertainment Committee, wishes me to say that he must know this afternoon, or at the very latest, the first thing tomorrow morning, how many are going on the automobile ride and to have luncheon at Mt. Sinai Hospital tomorrow noon. Will you please make this known at the registration booth at the earliest possible moment? The invitation includes all present, including the press and representatives of the commercial exhibit. Father Griffin wishes to announce that he has made special arrangements for a private dining room for the sisters in attendance here, and will be here at the close of this meeting to direct them to that room.

THE CHAIRMAN: The Committee on Time and Place will have its office in the registration room, and those having invitations for this Association for next year will present them there. The meeting of those interested in hospitals fostered by the Episcopal Church authorities will meet at 3 P. M. in suite 1.

The convention then took recess until 2 P. M.

WEDNESDAY, SEPTEMBER 12, 1917

Afternoon Session, 2 P. M.

President Wilson in the Chair.

THE CHAIRMAN: The Association will please come to order. We are very fortunate in having with us today one of the original organizers of the American Hospital Association, its first Secretary and its second President, Mr. Howell,

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of Pittsburgh. Mr. Howell has wandered away from hospitals into the world of business, and I am going to ask him to address us for a time upon the American Hospital Association then, what were the needs, etc., that made it necessary, in the minds of those who organized it, to have such an Association, and what his impression of the American Hospital Association is, after an absence of about eighteen years.

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SUGGESTIONS OF MR. HOWELL, ONE OF THE FOUNDERS OF THE AMERICAN HOSPITAL ASSOCIATION

Eighteen years ago in Cleveland a half-dozen hospital superintendents laid the foundations of this splendid structure. The idea was incubated in Pittsburgh, in a conversation between Mr. James S. Knowles, then superintendent of the Lakeside Hospital, and the writer. Mr. Knowles busied himself in corresponding with certain superintendents of western hospitals, but only three or four presented themselves. All of these, I believe, with one exception, have passed away. That one has not been engaged in hospital activities for several years, but has never lost his interest either in the institution or the personnel of those identified with it.

The inspiration came of the belief in the immanence of the idea, the ultimate universality as well as utility, the thought that eventually it would inevitably be the resort of those in affliction of whatever nature; that, in a word, it will eventuate in a solution of this problem that has vexed the centuries of civilization. Initiative, intelligence, industry, and intrepidity have gone far toward a measurable solution under the auspices of this organization already; and, judging from the indications and the trend of thought and action within my sight and hearing within the last twenty-four hours, final resolution is simply a matter of mind and method. A glance at the racial and denominational composition of your membership is not reassuring merely—it is a promise and a guarantee of ultimate success.

Much remains to be done by the enterprises or rather the diplomacy of the superintendents themselves in removing embargoes, incidents of the gradual growth and development of the idea and institution. It is not necessary to list these. They are ever present and will uproot themselves. You are on your way, doing your work despite incumbrances, saturated with the cardinal principle of the hospital, which is, "The Patient is Paramount."

This, my friends, in a very few words, summarizes my relation to the organization and my idea of the meaning of

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the word hospital. From the meager half dozen of us, I suppose a representation of three states eighteen years ago in this city, you have grown into a numerical proportion which I can hardly conjecture. Doctor, how many have you? Well, you have increased to some 1100 since 1899. We had the same idea then, I think, as what you have declared today. The hospital has grown along the lines we thought it would grow. The development has been along indicated lines; it has been intelligent; the initiative has been splendid, and the development has been commensurate with all of you. I wish I could say to you just how glad and happy I feel in the confirmation of our conjectures, in the fact that you have made good beyond any dreams almost we had. I thank you very much, Mr. President.

THE CHAIRMAN: Dr. Howell's paper on the Workingmen's Compensation Law and its relation to the hospital is now open to discussion. Is the Hon. Mr. Duffy present? If not, this paper of Dr. Howell's, which deserves your earnest consideration, is now open for discussion. Certainly there are enough of us interested in the Workingmen's Compensation Act and in the consideration of the laws which govern us in our various states to earn for this a proper discussion.

DISCUSSION

MR. DANIEL D. TEST: In order to get the discussion started I want to say just a word in reference to the spirit that we should have toward this Compensation Law. If the operation of the Compensation Law is founded on justice, the interest of the employer and employee, the hospital and the physician, is one; and I think that the hospitals and hospital superintendents can do a very great deal in bringing about a spirit of coöperation from the different angles from which this question is approached. The question of selfishness always comes up and I, as an officer of our local Association, have done some rather extensive investigation, particularly asking insurance adjusters of the claims that had gone to the insurance companies, not only in Pennsylvania, but different states, and you would be astounded at some of the stories I could tell you of attempts to take advantage. I am sure no hospital wittingly does it; I am sure there are no ethical physicians who do it, but, unfortunately, some physicians are not ethical, and it is a very important thing that there should be a spirit of coöperation if this law is going to be effectively worked out, and I think the hospitals must blaze the way in that spirit of coöperation. The question of the *x*-ray was not touched upon by Dr. Howell this morning. We find that one of the most troublesome matters in Pennsylvania—the insurance companies do not seem to realize that there is an importance in an *x*-ray unless they know beforehand that there is a fracture. If they can prove that there is a fracture, they are satisfied to pay for it, but they think the doctors ought to know everything before they use the *x*-ray. Dr. Howell spoke this morning of certificates—I don't want to give away a

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good thing, and I hope they won't stop us in Philadelphia, but the certificates in Philadelphia of the Pennsylvania Hospital are all signed by the compensation clerk, and those certificates are accepted by the insurance company. There are a few local insurance companies, but many of them are companies which are operating in other cities. I do not think we have had a single certificate signed by a physician for the last fifteen months and I believe that where hospitals appoint thoroughly competent compensation clerks, men or women whom the insurance companies have confidence in, that by and by you will find they will be willing to accept these certificates and not bother the visiting physician or surgeon and not even bother the hospital superintendent.

THE CHAIRMAN: Is there any further discussion of Dr. Howell's paper?

DR. KING (Mansfield): I wish Mr. Duffy were here to answer some of the criticisms offered on the Workmen's Compensation Law relating to the small hospital. In ordinary business every man has a right to put a price on the commodity he has to sell. Hospitals do not seem to have a right to fix the charge for taking care of the patient put into the hospital by a corporation under this act. We are simply told that we are going to get so much but no more. If a bill is rendered for surgical dressing or any other thing furnished to the patient, it is stricken off the docket and the bill is returned marked, "Not Allowed." The other thing is if bedding is destroyed or pillows have to be destroyed, no compensation can be gotten from the commission for such property destroyed. Another thing is, it seems to me, that it is not in accordance with good business that after a bill is rendered you should wait six months for your pay. The state of Ohio does business along those lines, but if an ordinary business was conducted that way, it would not stand six weeks. I feel that the Association ought to go on record that wherever these laws are in operation the hospital should at least be given the right to put a price on the work and a price on the property destroyed.

MR. B. M. FOWLER (Poughkeepsie, N. Y.): One matter touched upon was the legal liability of a hospital for injuries to employees. The speaker stated that in his hospital they had taken out insurance of that kind. It would be interesting to know how many hospitals have been used for injuries to their employees. In England and Massachusetts I believe it was held that a patient could not recover compensation from a charitable institution for injuries on the ground that the funds were held in trust for charitable purposes and could not be diverted from that charitable purpose to make good damages caused by the negligence of the administrators of the institution. That has been repudiated, I believe, by the State of New York, but it would be interesting to know what the practical experience of hospitals has been with reference to damages by their employees and also how many hospitals have taken out that protective insurance.

MR. MICHAEL DAVIS (Boston): In reference to the point made by Dr. Howell and also those made by the gentleman from Ohio who recently spoke, I would like to add a word or two in regard to some issues that have come up in Massachusetts. The law in Massachusetts was very unsatisfactory to the medical profession, and also to the hospitals in some respect, but particularly to the medical profession in that, as interpreted by the Commission, it practically denied the patient the right of the choice of physicians. It led to the very interesting issue which affected the hospitals and the out-patient department in Massa-

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chusetts in this way, that a considerable body of the medical profession became very much opposed to the treatment of compensation cases to some extent in the hospitals, particularly in the out-patient department, where, of course, the great bulk of the treatment is given, because they receive inadequate compensation for that. That was due to the cause that has been referred to, namely, that the cost rates which the commission was willing to allow the hospitals either for ward or out-patient treatment, were not adequate, and I think some of the institutions, rather unwisely in the matter of their out-patient treatment, took whatever fees they could get and kept them, also that the members of the medical staff in the hospitals received a dollar for out-patient treatment, the usual fee. In New York the hospital got the dollar and the staff did not get anything, directly or indirectly. That was naturally the cause of a great deal of feeling. It led, among other things, to the passage of resolutions in certain medical societies to the effect that in the opinion of the medical society it was not considered adequate treatment under the law to give an out-patient treatment in a clinic, which placed some of the out-patient departments that had been pursuing the policy I have referred to, in a less happy position than they had been formerly. It seems to me that holds a rather important message for a good many institutions, in that these compensation cases clearly face hospitals and dispensaries, particularly out-patient departments, with a new issue with regard to the compensation of the medical staff. It is unjust and we feel that the medical profession is quite right in objecting to the treatment of out-patient cases in medical institutions which receive a fee while the staff receives nothing. Very vigorous efforts have been made to persuade the Commission to allow adequate fees to cover the cost of the treatment, either in wards or dispensaries; during the past year an amendment of the Massachusetts law has been made which removes one element of difficulty; that is, it gives the patient the right of choice; he is no longer compelled to accept the doctor indicated by the insurance company. That will remove a large part of the medical opposition. There are certain principles which must be borne in mind by the hospitals and dispensaries, that where there has been a custom or sometimes a rule, that in no case can any compensation be paid to any member of the medical staff in an institution for services rendered therein. Some means must be found of getting around that difficulty where that rule exists in compensation cases. There are a number of very well-known institutions that have such a rule, and others that have an unwritten rule to that effect. That rule is a serious stumbling-block in working out a satisfactory method of caring for compensation cases, because it forbids remuneration of the medical staff. There are institutions that get around the rule by indirect method, that is, by having funds for providing instruments, etc., in lieu of the direct compensation, but it seems to me that that point will be a growing one, particularly as it is appearing in New York and elsewhere, the practice of caring for compensation cases in hospitals and dispensaries.

Dr. C. A. Drew (Worcester): Health insurance and industrial accident insurance is rather closely related, and as we consider these problems in the future, it is well to bear in mind that when the sick insurance or health insurance comes into being, it will be very difficult for individuals who are not in robust health to get employment at all. In Massachusetts industrial diseases are included, and it is now somewhat difficult for a man who has ever shown any symptoms of lead poisoning, if he happens to be a painter, to get employment anywhere. As the law is modified from time to time, the good of the individual worker is to be considered, and some means should be found so that the man who

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has once suffered from lead poisoning, for example, should not be cut off from employment. Mr. Davis has already spoken of the difficulties in some of our hospitals, where, prior to the industrial accident law, the staff were not allowed to charge a professional fee for patients who were treated in wards. Now that is a burning question, and I understand from Dr. Howell that the out-patient staff is being paid in New York, but I am not aware that the out-patient staff is being paid in any of the large hospitals in Massachusetts. The subject of pay clinics for certain diseases is an interesting one, and in this city I think we have been told that an evening clinic has been started where the staff is paid five dollars an evening or perhaps for two hours' services. I think in New York city some of the hospitals pay the *x*-ray expert a salary for so many hours a day and so many days a week. That is a very important and delicate problem to work out. It is a very interesting question and a very broad one, and I should be very glad to know what the custom is in regard to ward patients who come under the Workmen's Compensation Act in other hospitals.

THE CHAIRMAN: Is there any further discussion of Dr. Howell's paper? If not, I will ask that Dr. Howell close the discussion.

DR. THOMAS HOWELL: As to the liability of hospitals in case of accidents to their employees, there is no question about their liability. The New York Hospital has been sued several times, and I know in one case we settled by paying $10,000, and if we were not liable, there was no question about our paying out that large sum of money. As to the question of *x*-ray fees, that is one point where we have had some difference with the insurance companies. They expect to pay about two or three dollars a plate. Some of the hospitals in New York are charging from five to ten dollars a plate, and the insurance companies object quite strenuously. In our case at the New York Hospital we have actually undercharged for *x*-ray work. Our regular charge is two dollars for each plate. I think the rates should be agreed upon between the hospitals and the insurance companies, just as we have done in New York. Get together and agree among yourselves as to what is a proper charge. These charges should, at least, meet the cost that the hospital has been put to to care for the patient. There is absolutely no reason why a hospital should care for these compensation cases without adequate reimbursement. As to the signing of certificates: Mr. Test spoke about his compensation clerk signing the certificates; I will state that our compensation clerks sign our certificates, but they use my name. As a matter of fact, I personally never see the blanks. We have had no particular trouble in collecting from the insurance companies. Ordinarily they have paid us very promptly. There are one or two

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rather weak companies that we have had some trouble with; I believe one company actually went out of business owing us about $500, but most of them are very prompt. One company I have in mind—we sent them a bill one day and next day we got back our check. Apparently the New York Hospital is about the only one that is paying its out-patient staff. I think in a few years from now, when this health insurance goes into effect, as it undoubtedly will, that most of you will find that you will have to pay your out-patient physicians.

THE CHAIRMAN: The next paper on the program is the Report of the Conference Committee on the Standardization of Hospitals by Dr. W. H. Smith, Superintendent of the Johns Hopkins Hospital, Baltimore.

MAJOR SMITH: Mr. Chairman, ladies and gentlemen: I have a very brief report. The Committee was appointed last year, you will remember, at the request of a representative of the American College of Surgeons. Our Committee has had but one meeting with a Committee representing the American College of Surgeons. That meeting was held here at this hotel, or rather in another hotel in Cleveland, during the past winter. At that time our Committee, as requested by the College of Surgeons, had prepared a survey of the points which, in our opinion, should be taken up for the purpose of arriving at the information which would be necessary in order to make some recommendations as to standards. The Committee made tentative recommendations, and they were considered by the American College of Surgeons and plans were moving fairly rapidly until all of this work began in connection with the war. At that time it seemed undesirable to attempt to go forward to the completion of the program under contemplation. Accordingly, no further meetings have been held, and so far as I am informed the whole matter is in statu quo. I received a notice two days ago that the American College of Surgeons is to hold, we may call it, a symposium on this subject in Chicago, I think, on the eighth, ninth, and tenth of October, at which meeting representatives of the Hospital Association, social workers, medical schools, educators in general, and surgeons and physicians are to present various phases of the subject. Just what part that meeting will play in the program which was contemplated I do not know, but at the moment, that is as comprehensive a review of the work of your Committee as I am able to give you.

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THE CHAIRMAN: You have heard the report of the Committee. This was to be discussed by Dr. Babcock, who, as most of you know, is now on his way to France. What is your desire?

MR. DREW: I move that the report be accepted and the Committee be given further time.

The motion was seconded and carried.

THE CHAIRMAN: The next paper on the program is one on Annual Reports, by Dr. T. M. McEachern, of Vancouver.

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ANNUAL REPORTS IN HOSPITAL

T. M. McEACHERN, M.D.
Vancouver, B. C.

In preparing this paper my attention was particularly drawn to the fact that there seems to be very little written about this subject in publications pertaining to hospital work. From this we might possibly infer that the importance and use of annual reports has been underestimated in value, or possibly there is a lack of interest in them. If we were to look through your private offices we might find many annual reports of hospitals, and many that you were not aware you had—possibly many still lying in the wrappers, unopened, as they came from the mail. Therefore, the first question confronting us is, "Are annual reports in hospitals worth while?" If the answer is in the negative, then let us do away with them entirely. If the answer is in the affirmative, let us endeavor to make them most useful to all interested and to all who in any way derive benefit therefrom. I trust that this paper may show that they have a real value and can be made most useful, and, further, that new avenues of discussion may be opened up, which may be of practical value to all who have the arduous task of preparing annual reports. There is no doubt that some hospital superintendents and officers find the duty of preparing the annual report a laborious and uninteresting one. We must, therefore, do something to eliminate such feelings and try to make it one of live interest.

The interest and benefits arising out of annual reports may be considered from two standpoints: first of all, locally, and next, to superintendents, executive officers, trustees, etc., of hospitals in other cities and towns, or in other parts of the country. Locally, the trustees, the hospital officials, the medical profession, and a large number of the laity are interested—some even enthusiastic. The trustees have had their monthly meetings and their monthly reports—yet they want the annual summary as a rounding off for their year's gratuitous work. It may have a practical value for them in the solution of problems and questions which confront them from time to time. And in this con-

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nection would it not be valuable information in the present crisis, when doctors and nurses are being drafted into military service, if the American Hospital Association had in their possession a report of each hospital represented—a report whose statistics were complete and accurate? The records of past years help them to build up more successful administration in the succeeding years. They want to see the yearly progress and satisfy themselves that their efforts as honest, self-sacrificing trustees have been crowned with success. The medical profession should be interested from a professional and scientific side. They are interested especially in the medical reports and the end results in diseases treated, and they are specially interested in results of new or experimental work accomplished. They are interested in using the report in obtaining statistics that may throw light on any of the branches of work they are particularly following or writing about. The contributors are interested from a financial aspect. They have paid money for the institution during the year. They want to know if value has been obtained for this expenditure. The contributors may be private individuals, charitable organizations or societies, the state, municipal councils, or the province. The people in the community are proud of their hospital and the report. To superintendents, executive officers, trustees, and officials of other hospitals, a good annual report is of great value often in the assistance it may render in the solution of problems which have to be met. A number of well-compiled reports in your office may be an encyclopedia of information for hospital administrators. This, of course, implies a carefully compiled report, with accurate statistics, well arranged, well systematized, and with not too much detail to make cumbersome. There is, therefore, a large number of people interested in the annual report, and these from different standpoints, with varied receptive minds. This must be considered carefully when compiling the report, so as to incorporate such information as may be of the most value to all.

To discuss in detail the contents of an annual report is beyond the scope of this paper in the limited time given. There is a variety of information to be compiled. There are so many different kinds of hospitals—different as to control, as to government, and other features. We have municipal, state, denominational, charity, private, endowed, etc., all essentially different, especially in their modes of government and administration. Therefore, it is most difficult to say just what the contents of each should be.

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There are no fundamental principles laid down as a guide to the compiling of these reports. There is a real need for uniformity and standardization of these reports, so that you and I and every one else may have ready access to information we want, and in getting this information know on what basis it is compiled. I therefore desire to appeal to the Association today on the need of standardization of our hospital reports. Indeed, you will all admit that hospital problems in administration have been more readily solved on account of standardization in so many phases of the work. Standardization helps the efficiency, effects economy, and minimizes arduous labors. There seems to me great need to standardize our hospital reports, and thus make them of more universal value. Of course, we cannot evolve a common standard, owing to the variety of hospitals we have to deal with, for what might suit one, might not the other. However, I believe general principles of standardization might be evolved in compiling all reports, and thus make them more interesting as well as more valuable, by making the information contained therein readily accessible and uniform. This would have the advantage also of eliminating all the unnecessary and adhering only to the necessary.

Careful analysis of many reports from leading hospitals indicate clearly that the contents may be divided into two main divisions, viz.:

A. General.
B. Special.

These main divisions may further be divided as follows:

A. General { Statistical.
Medical.

B. Special { Administration.
Financial.

The division into "General" and "Special" is based on the observation that the so-called "General" portion is applicable to any report: that is, all hospitals can compile their reports along the same uniform lines, so far as they are dealing with the "Statistical" and "Medical" sections. This, however, is not true of the so-called "Special" portion, which comprises the "Administration" and "Financial" sections of the report. There is such a variety of hospital organization and financing methods that it is almost hopeless to lay down uniform lines to follow, but all we can do is to evolve general principles of uniformity in spite of this variance.

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The complete amplification of the report would be as follows:

- **A. General**
  - Statistical
    - (a) Annual Summary.
    - (b) Monthly Summary.
    - (c) Comparative Summary (previous years).
    - (d) Nationalities.
    - (e) Religions.
    - (f) Residences.
    - (g) Staff Statistics.
  - Medical
    - (a) In-patients
      1. Medical.
      2. Surgical.
      3. Gynecologic.
      4. Obstetric.
      5. Pediatrics.
      6. Genito-urinary.
      7. Eye, Ear, Nose, Throat.
      8. Orthopedics.
      9. Infectious.
      10. Dermatologic.
      11. Psychiatric.
      12. Deaths.
    - (b) Out-patients
      1. Medical.
      2. Surgical.
      3. Gynecologic.
      4. Obstetric.
      5. Pediatrics.
      6. Genito-urinary.
      7. Eye, Ear, Nose, Throat.
      8. Orthopedics.
      9. Psychiatric.
      10. Dermatologic.
    - (c) Laboratories.
    - (d) x-ray.
- **B. Special**
  - Administration
    - (a) Report of President.
    - (b) Personnel of Hospital and Associated Bodies
      1. Governors.
      2. Board of Trustees and
      3. Executive Officers.
      4. Attending Staff—In-patients.
      5. Attending Staff—Out-patients.
      6. Resident Staff.
      7. Department Heads.
    - (c) Report of Social Service.
    - (d) Report of Auxiliaries.
    - (e) Report of Superintendent of Nurses.
    - (f) Other Reports.

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- B. Special
  - Financial
    - (a) Report of Treasurer.
    - (b) Receipts
      1. Patients.
      2. Grants.
      3. Donations.
      4. Endowment.
      5. Special.
      6. Miscellaneous.
    - (c) Expenditures
      1. Operating.
      2. Maintenance and Renewals.
      3. Building.
      4. Capital.
      5. Special.
      6. Miscellaneous.
    - (d) General Balance Sheet.
    - (e) Subscribers, Donors, and Donations.

To have a useful and successful annual report one must have accurate records and inventories. This means good filing systems, so that in every department of the hospital the report is made daily or monthly and, at the end of the year, a few hours or a day or two passes and it is ready for publication. Nothing is so disheartening as the report piled on your hands at the last minute, and having to hunt through all the various records and sources of information for your data. This breeds very great inaccuracy and incompleteness. Therefore, inaugurate your best possible filing and record systems and keep them up to date. Well-arranged, accurate card systems seem to be the best. In this same connection I want to emphasize the need of the adoption of a proper standard nomenclature. I find this greatly neglected in medical records. Many doctors seem to have failed to grasp what a correct nomenclature of diseases and operations is. How often we see the name of the operation for the diagnosis, or the mere terms "appendicitis," "pneumonia," "nephritis," where the particular kind of each is important. We also find symptoms given, as diagnoses such as "vomiting," "headache," "nervousness," and many other instances I could give you. The attending doctor, or the intern, in handing in his diagnosis of the case he has been attending, should assist the hospital registrar in adhering to a proper, standard nomenclature.

The per capita cost per diem seems to hold a place of interest in annual reports, and in this connection we must recognize the fallacy of comparisons under the existing numerous and varied methods of computing same in different hospitals. There is no uniform system of reckoning

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it. I have written many prominent hospitals on this matter, and received an equal number of varied replies. Time does not permit me to give in detail the many variations and it is, indeed, unfortunate that hospitals use this comparison so often. Indeed, many hospitals brag about a low per capita cost. Sometimes they should be ashamed of it. In all cases it must be considered in relation to the service given. No doubt the so-called boarding-house type of hospital will have a much lower per capita cost than the modern, well-equipped, scientifically run hospital. Therefore, to use comparisons, one should know exactly on what it is reckoned, as well as the quality of service extended to patients. I know you would all appreciate a uniform method of arriving at the per capita cost. This is probably difficult, owing to the vast differences in hospitals as to ways created and maintained. We cannot measure the service to the sick patients in dollars and cents, and so, perhaps after all, per capita does not mean much. Yet hospital boards and trustees want it for comparison and, therefore, it is our duty to endeavor to lay down as broad and fair a basis as we can. I asked the secretary of the hospital of which I am superintendent for his opinion as to what should be considered in reckoning per capita cost—he having gone into this carefully. He stated, "In my opinion, to arrive at the per capita cost, the *actual operating expenses* of the institution should be taken into account. This would include the supplies and articles used, and not supplies purchased. This hospital is in the fortunate position of being exempt from taxes and water-rates, which are also a proper charge against the operating of the hospital, and should be taken into consideration when arriving at per capita cost, as well as depreciation in equipment. Capital expenditure, of course, must be eliminated from the per capita cost." In short, then, putting it in concise form, to reckon per capita cost, "take the total expenditure of hospital during the year, add the value of all stock on hand at commencement, and add depreciation of equipment at end of year. From this deduct all expenditure on capital account, but not repairs and renewals. Deduct cost of emergency and outdoor departments, deduct value of stocks or supplies on hand at end of the year. This sum, which is over, is then divided by number of days' treatment and the per capita per diem arrived at. Depreciation of equipment being reckoned in per capita cost may cause a difference of opinion, but, so far as I can see, there is no reason why it should not be considered.

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I want to strongly emphasize the need of making our annual reports of a more scientific value. I regret that a large number of the reports today are clothed a great deal more with matters of a commercial nature than scientific. The educational and scientific sides have been neglected. Some hospital reports are very well described by a writer as "excellent advertisements." The criterion of a good report in many hospitals today is the amount of surplus on hand at the end of the year's work. In some hospitals a low per capita cost is the all-important feature. This commercial criterion is not the one we should aspire to, but the preeminent feature should be the scientific character of the hospital reports, the results of work done, the results of new treatments instituted—something done to raise medicine to a higher plane, keeping in mind the incorporating in the report of such data as may help and stimulate the research mind along lines of improved treatment of patients. The reporting of advances made in hospital work or methods inaugurated which will have the ultimate result of giving improved care and treatment of patients, will be of great value to other hospitals and to the medical profession. Proper and intelligent mention should be made of such, together with careful statistics and tabulation of results. Features inaugurated to insure better work on the part of the personnel of the hospital, especially the medical staff, the resident staff, the nursing staff, will, of course, be of interest and value to other hospital superintendents. What is the laboratory doing along the lines of public health, or solving the problems yet being encountered in its field? The hospital affords abundant material for research work. I regret that our annual reports cannot obtain full clinical records with autopsy findings. I would like to go further than I have noticed in any of the reports in the publication of the Operations Statistical Table, if space in the report would permit. I should like to see published the diagnosis before and after operation, as well as results of operation. Possibly some hospitals might hesitate to publish their report under such conditions. Medical statistics should clearly indicate the results in treatment of the various diseases. Hospitals have different ways of tabulating these, but I think the following, as carried out in many hospitals today, is the best:

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Disease	In Hospital January 1, 1916	Admitted			Discharged				Died	Remaining December 31, 1916	Days in Hospital	
		Males	Females	Total	Cured	Improved	Unimproved	Not Treated			Total	Average Days' Stay

In the compiling of your annual report, a few warning notes must be given. Generally speaking, all reports therein must be brief and to the point. You cannot put in all the details, therefore do not attempt this. Next avoid repetition or overlapping in the various reports. This is more apt to occur in the presidents and superintendents. The president's report to the governors, or whatever body it may be, should deal more with matters in general of the bigger affairs of the hospital, such as extensions, building, reorganization, etc., and at the same time carry with it a word of welcome and invitation to the reports following. He may refer to the general status of the institution, which, of course, usually strikes either a note of pessimism or optimism, but let us always hope the latter. Throughout his address should run the feeling that the institution exists to produce the best results. The superintendent's report must not clash with it. This is difficult, as in many cases he is merely medical superintendent, and in others the executive head of the hospital, and thus expected to discuss problems other than medical. However, with a little care he can accomplish his part without overlapping. He can stick mainly to the medical features, and call attention to various outstanding features in the many reports presented. He can very specially lay stress on such features of the report as enhance its scientific value. He should point out benefits from improvements and expenditures of the closing year, and in the same breath call attention to the needs of the hospital to produce better results. He should call attention to all possible ways of increasing the efficiency of the hospital. I do not intend to deal in detail with any of the remaining reports more than to say that in the superintendent of nurses' report mention should be made of any change in the curriculum of study. As most training schools now have their printed curriculum of studies, it is not necessary to dwell much on these details in the annual report, more than calling attention to new features considered of

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practical value. In regard to the treasurer's report, remember that figures are uninteresting. He may in a general way refer to the financial statement which should be brief, but clearly indicating the condition of the hospital finances. The public must know the exact financial status, the deficit or surplus. They also like comparative financial statements. The treasurer should call attention to any unusual expenditure of money during the year. He should bring out the needs for more funds if such be, and indicate in some way the financial demands for the coming years. The reports of the various auxiliaries and social service should have a stimulating effect on the public for more assistance during the coming year. Briefly, the excellent work done can be referred to, and if need be, illustrated in one or two instances.

I want to refer briefly to the presentation of the annual report at the annual meeting. I consider the meeting is best held in the evening and in the hospital. It is unfortunate that these meetings are poorly attended, but by a little effort beforehand a better attendance can be assured. Usually the governors, the contributors, the public, and the press are invited. The great drawback of most of these meetings, I think, is the monotony which often occurs when reading through all the reports. In my opinion these should not be read, but commented on by the person presenting same, and the seconder and mover. The more essential and interesting points could be alluded to. They all have reports and can read them at home leisurely. A few good speakers who will make short and appropriate remarks will add to the interest. Other attractive features may be added, and the annual meeting made a feature to be looked forward to each year.

In conclusion, let me say I hope you will carry away at least two thoughts—firstly, the need of standardization of hospital reports, and, secondly, the need of making hospital reports more scientific in nature. In regard to the first of these, I trust that this Association, now in convention, may take such steps as may be practical to accomplish the standardization of hospital reports, so that they may be of the greatest value to hospital superintendents, executive officers, trustee boards, and others.

THE CHAIRMAN: Discussion of Dr. McEachern's very interesting paper will be opened by Dr. Howland, of Boston. If Dr. Howland is not present, the discussion of the paper is now open to the convention.

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DISCUSSION

DR. J. E. DOUGHERTY (Brooklyn): I wish to take advantage of this opportunity to say something for two reasons, one is to protect myself when I return to Green Point. Last year was my first year at the convention, and when I returned to my hospital and talked to the people there, they doubted that I had been to the convention at all; they said they didn't understand how I could attend a convention and not say something; they didn't see it in the "Modern Hospital," so I thought I'd better say something, and I have been looking for an opening when I might know something about what had been said. At the present moment I do not care to add anything to what has been said, but simply to add to the burden which is given to this Society, and one which it should assume with respect to the standardization of hospitals; and in the study of hospitals and the standardization thereof, there is no one thing which is more essential to an intelligent study than a perusal of the report of the activities of the hospital. With that as a supposition, there is no part of the report to me more difficult of preparation for presentation in an intelligent manner than the interpretation of the clinical records, and if I would ask for any one thing for this committee to do for me as an individual, it is that they would make a plea and also offer some relief which will afford a simplification of hospital records. A year and a half ago I made a study for our hospital and other hospitals in the Department of Public Charities, an unavailing study I might say, of hospital records in an effort to submit to our Commissioner some form which might be better than all the other forms, and in this study I secured from the various hospitals throughout the country their records. I don't know if you will appreciate my feelings when the mail was delivered for the next two weeks. The bundles of records that came from various hospitals, regular volumes, and I will say one hospital in Cleveland had the finest record I received, it was the smallest record and the most hopeful one. We were unable to get, from this mass of literature, anything that appeared satisfactory to the department and we are still using the voluminous record and looking for assistance to people such as would be included in this body. I believe that one of the most helpful things that the Hospital Standardization Committee might do, in the course of their study, would be to recommend some simplified form for record keeping which would be applicable to the general hospital. Now a subdivision of this record keeping is that of the uniform nomenclature and uniform system of classification. I made a study of the record work in Peter Bent Brigham, in which I believe the most voluminous and probably the most valuable records, I say this in no disparagement to any other hospital, are kept; but imagine a hospital of 135 beds having eight stenographers to keep the record. It is rather difficult for a small hospital to do that. There they are struggling with the transition period in which they use the Bellevue system of nomenclature, international classification, and are endeavoring to get out of these two something which will be the nomenclature of the future, and the classification, and I assure you it is a job. I think it would be well to introduce these two subdivisions as definite lines of effort along which we could profitably spend a great deal of time in study, and the value of the suggestion coming from the American Hospital Association to hospitals throughout the country cannot be estimated by this body.

DR. M. WALSTROM (Chicago): With regard to the standardization of hospital reports I want to say that this great diversity that now ob-

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tains has for its cause, to a very great extent, the peculiar position of the superintendent. Probably I ought to better say it this way, the superintendent is an interrogation point in the hospital in this way, some hospitals choose a medical man as a superintendent; others choose a minister as a superintendent; others choose a business man, and of course there may be others who choose because of favoritism or something else. It is evident that when there is no form laid down, each one will write according to what he or she considers to be the best way of bringing the information to the constituents. We do not publish our reports mainly for the information of the world. We publish—I speak now of us in general, I do not speak of our institution only—our report in the first instance for our constituents; by that I mean our patients, and I find that our patients take an immense interest in the report. Then we publish it for our Board, of course, and for our church or state or whatever the association may be—it depends entirely upon who are those in authority over us. We receive a great many reports, and some of them I study with the greatest edification and instruction. Others I lay aside as so much printed matter only that I might possibly make use of in the future in looking up some particular condition. I do not suppose that we can come to any exact standardization until we have a standardization of a superintendent's duties as well as his standing. According to my mind the hospital report, the annual report of the meeting, ought to be popular enough to be able to be understood by the general public, especially general information, financial, etc.; and scientific enough to satisfy the physicians, surgeons, etc., to see what the work is that is done. That is a difficult feature, but, nevertheless, I think that is one of the essentials. Now I am not going to go into a discussion of how it should be constructed. It has already been said general information, information upon surgical, medical, obstetrical, financial, and statistical subjects and the training school should be contained in the report. I consider the training schools to be of such importance to hospitals that the training school should have its place in the report. Of course, you undoubtedly publish special brochures, or whatever you call them, for the training school, but I consider that the training school belongs to the hospital report and if you embody all this, I find no difficulty in making them, I would not say scientific enough, but at least so scientific that those who desire to gather the scientific information can get it, and those who want to have the popular information can also get the same. But I especially wish that we could standardize the nomenclature, that is chaos, has been, and will be until some committee shall be appointed that will get up a reasonable one. We do not want that just the same as with, for example, libraries; you know how libraries are catalogued, and some libraries are catalogued until their catalogues become as difficult to understand and consult as the law library itself; so with regard to the hospital nomenclature, we want the simplest, most effective, and that which will convey science enough and practical results enough.

Mr. Daniel D. Test: I had hoped to have some suggestion made that medical reports should be published in the annual report for general circulation. Personally, I doubt the wisdom of publishing in the annual report which is to be circulated among a lay population, medical reports of cases, with postmortem reports and that sort of thing. It is very desirable that the hospitals should publish a medical report for the use of scientific men, doctors, and other institutions, but I do not think it is wise for such information to be circulated broadcast.

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MR. ASA BACON (Chicago): I agree with Mr. Test. We do not print any medical reports to be circulated to the public. I believe in making the report that is circulated to the general public as compact and condensive as possible. If you wish to give a medical report separate for the benefit of the medical profession, I think it is well to do so, but in looking over the reports that come to me I often think of the great amount of money that the hospitals are wasting on annual reports that really are not read by the lay public.

DR. A. FISHER (Alberta): One of the other speakers has said it is very essential that each of us should get up and say a few words on some subject or our boards and our friends will not know we have ever been at the Convention; that is one reason why I thought I'd better say a few words on this paper, more especially as it has been contributed by a Canadian. In the annual report of our hospital, which is an open hospital, situated on the western prairie, we do not print a list of the medical cases treated, and I believe it is just as well, maybe, that we do not; not that we don't do good work out there, because we do, though it may not be as scientific as some others, but I think to a majority of the people in that section who read the report, especially the lay people, it is no advantage to include the medical cases treated in that report. I think, however, that it would be a good plan if there could be a separate report made of the medical cases treated in an institution, and that that should be included with the annual report when that report is being sent to other institutions—other large institutions—where these statistics may be consulted by scientific men connected with these hospitals. I really believe that where the report is to be circulated, especially in the case of the smaller hospitals,—there must be a great many people here who are superintendents of small hospitals not connected with medical schools,—where they haven't internes or registrars or people who can compile reports in a scientific manner, and where the best they can do is to try and treat the patients who come to their institutions to the best of their ability, better not to print the medical cases along with the annual report.

DR. ALBERT ANDERSON (Raleigh, N. C.): I do not know how many are present who are superintendents of state hospitals for the insane, but that is the kind of hospital I am superintendent of, and I always look for my reports, especially from the State hospitals of the kind I represent. I never throw any of them in the waste-basket. I glance at them and read most of them with a great deal of interest, as well as profit, and for the few years that I have been in this work I have gained information as well as inspiration to do better work in getting out my reports and improving my service. Now I have changed the reports from the former ways of issuing reports in that I notice some of the details of our work. I am superintendent and executive officer and therefore I am responsible for all the work that is done in all the departments. I have a meeting, a daily meeting and a daily report, from all the departments. For instance I have a report from my farmer and he gives the outline of just what he has done that day. The same applies to the engineer's department and the carpenter's department—giving just an outline; that was never done before I went to the hospital, and I am told that this notice and this report stimulate the work and improve the service, increasing its efficiency as well as its amount. Also in getting out my report I photograph some of the best things we have done in the department. I certainly photograph my corn-crib and granary and my best hogs and cows, and I like to see that in the reports, especially in these times, when we want to stimulate the productive service to the

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highest pitch. I am glad to hear in this good paper the author condemn the cost of keeping patients at the lowest possible per capita. I have not been able to do that in my own state, and I believe it has been because I have given them better service and I have told the legislation time and again that I did not want to reach the low level that some of the hospitals were running; that we were giving service that cost something and I wish I could make it more. If they'd give me the money, I'd do it.

THE CHAIRMAN: If there is no further discussion of the paper, I will ask Dr. McEachern to close.

DR. M. T. MCEACHERN: I did not refer to the annual report because that was so well covered yesterday. I think that possibly the suggestion made would be a good one, that we have for the public a report which carries with it more of a human story, as pointed out by my good friend to the right here, Mr. Harrison, and in that you would serve the purpose of arousing interest with the public. Of course, for the medical profession, medical schools, and nurses the more scientific we can make it, the better.

THE CHAIRMAN: The next paper on the program is Superintendents' Responsibility for Correct Dietary, by Miss F. A. Blanchfield, of Bellevue, Pa. The Secretary informs me that Miss Blanchfield has been suddenly called away on military duty and is unable to be here.

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RESPONSIBILITY OF A SUPERINTENDENT FOR CORRECT DIETARY

FLORENCE A. BLANCHFIELD
Bellevue, Pa.

It is related that Bronson Alcott, the father of Louisa M. Alcott, was a great advocate of the vegetarian diet. On one occasion he was expounding to the famous Carlyle his theory that people tend to become like what they eat. "For example," he said, "if one lives on pork, he becomes hoggish; if he lives on beef, he becomes ox-like; if he lives on mutton, he becomes sheep-like, and so on."

"Yes," said Carlyle slowly, "but don't you think, Mr. Alcott, that if a man lives altogether on vegetables he is in danger of becoming pretty small potatoes?"

In spite of Carlyle's witty reply, science is proving to us that our diet is a matter of supreme importance; it does make a difference what we eat, and even the best of foods may be taken in the wrong quantities and combinations. One authority observes that the average American meal contains combinations of food capable of forming a chemical reaction in our stomachs almost violent enough to blow a glass retort into bits.

No competent institutional employee, particularly in a hospital, would be guilty of feeding to those in her charge actually dangerous combinations of food. But our responsibility—and, of course, this responsibility devolves in the last analysis upon the superintendent—does not end here. We must be sure that the diet of those under our care is correctly balanced, as well as entirely safe. A diet consisting almost entirely of starches may form no dangerous compounds in the process of digestion, but the lack of other necessary elements will prove harmful in the long run.

The superintendent's responsibility for a correct dietary will vary according to the size of the institution and the competence of employees. But in all cases there is a responsibility of some sort. If a mistake is made, the superintendent cannot absolve herself of blame by saying, "The employee did not understand her business." It is the place

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of the institutional head to see that the employee does understand her business, or, if there is any doubt, carefully to supervise details of her work. This is a heavy contract. It would almost seem that the superintendent, to keep well in hand all the details for which she is responsible and to prevent errors, would have to be omniscient. And that is just what she must endeavor to be.

Though a specialist may be in direct charge of the diet kitchen, though physicians prescribe for the patients, and though the nurses are given special training in the principles of feeding in health and disease, the superintendent will receive many delicate questions for settlement from the heads of departments. She must be prepared to give an instant, well-judged decision. It is ability to make quick decisions that determines the executive, and knowledge of the subject is the foundation of such ability.

Remembering this, the head of a hospital will herself keep up with the latest discoveries concerning diet in disease, the importance of which has long been recognized.

Even though the physician may lay down rigid rules for a patient's diet, there is usually some leeway for the judgment of the nurse or the idiosyncrasies of the individual. A patient in a certain hospital was asked by the nurse:

"Is this beef too rare for you, Mrs. Simpkins?"

"Well, since you ask me," said the patient, "I *would* like it a little oftener."

It is to be hoped that the good lady had her wish granted, but the story leaves this important point unsettled. Seriously, it is wise for the superintendent to instruct nurses to humor the patients' preferences as much as possible within the limitations prescribed. The effect of foods upon the patient should be observed, and those which do not agree with him or her should be sparingly used. If any recommended article of food disagrees, it is better to reduce the quantity of it than to cut it out of the dietary altogether. The physician expects—and should have—implicit obedience to his instructions; but intelligent obedience is always preferable to blind obedience.

Except in certain disorders, such, for example, as diabetes, in which carbohydrates must be eliminated, or gout, in which uric-acid-yielding substances are avoided, the purpose of feeding is to build up the patient's general constitution—to supply muscular and other power for the work which the body is required to do, to furnish heat, to form the tissues and fluids of the body, and to repair its wastes.

If the diet is to perform these functions properly, it must

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be well balanced. The instinctive cravings of the palate are not always a sure guide. Many people—especially those who come within the jurisdiction of a hospital—have corrupted this natural guide. A scientific study of the needs of the body, of foods and their combinations, is necessary for one who would provide a well-balanced diet. The subject is one of many ramifications. The number of calories required for the maintenance of the human body, the proportions of protein, fat, and carbohydrates necessary for maintaining the organism under various conditions, the constitution of the various foods, their correct preparation, their coefficients of digestibility, and the most efficient combinations of foods, should be understood. Tables covering these subjects are available and should be carefully mastered. But the theoretical knowledge gained by the student should be constantly modified and supplemented by observation of particular cases.

An illustration of the advance in human knowledge concerning nutrition is found in the developments of the present war. The problem of rationing is being handled now by the government food commissions from the point of view of the newer school of dietetics. In Germany, the first country to realize the pinch of necessity, a scientific diet has been prescribed for an entire nation. War cookbooks have been issued by the million and adapted to the needs of the various parts of the empire. German food reports discuss the ration in terms of calories instead of pounds and tons. Food control, based upon this scientific rationing, is the measure which has chiefly enabled that nation to hold out against a world of enemies. It is significant that, in spite of the very much reduced quantity of food, the people are—according to seemingly well-founded reports—on the whole healthier and better nourished than they were before the war. This is the result of eating, as nearly as possible, according to scientific rules

It is an axiom that the better-fed nation will win a war. If it is worth the while of a national government to exercise careful supervision over the ration of its people, how much more definite is the responsibility for a correct dietary in hospital administration.

One phase of this subject which should not be overlooked is that the superintendent's responsibility does not end with the supervision of what the patients eat. The well-being of the nurses is a matter of equal importance. A great general has said that an army travels on its stomach—meaning that rationing was the question of supreme im-

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portance in giving men the courage and endurance necessary for efficiency in battle. Similarly, a properly nourished corps of nurses is essential in the vigilant war waged by the hospital against disease. It is a strange fact that nurses who understand thoroughly how to feed properly the patients under their charge, in many cases seek for themselves the most unwholesome diets—pastry, candy, and foods that stimulate rather than nourish. Thereby they lower their own endurance and power of resisting disease. The administrator is especially responsible for the well-being of the nurses under her charge, and one way to insure this well-being is to see that their diet is healthful and nourishing.

In the present time of stress there is an even further responsibility—that of food conservation. Public and semi-public institutions should take the lead in the great crusade that is being waged against waste. Those in charge of the diet kitchen should be given special cautions and instructions, if necessary, in the economical employment of food materials. The feeding of large numbers of people permits greater opportunity for carelessness and waste than occurs in the ordinary household; but there is also greater opportunity for close calculation and saving. Let our hospitals "do their bit" in helping the nation to fight the internal enemy of waste.

The next paper on the program is "Reliable and Practical Methods of Economy in Hospital Management" by Dr. Walter Morritt, of Colorado Springs.

Dr. Walter Morritt: Mr. President and members, ladies and gentlemen: I have not brought anything new in this paper. What there is in it is old and has been tried. To emphasize the fact that it is not new, I want the privilege of starting off with the story of a widower who, having been lonely for some time, finally brought home a new wife, and as he entered the home he called Johnny, his young son, and said, "Johnny, I want to introduce your new mother and my new wife." Johnny looked the lady over and then looked up at his pa and said, "Say, Pa, she ain't new, you are stung!" I perceive that you see the application.

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RELIABLE AND PRACTICAL METHODS OF ECONOMY IN HOSPITAL MANAGEMENT

WALTER MORRITT, PH.D.
Colorado Springs, Colo.

Three years of war prices have made most hospital superintendents familiar with specific substitutes for standard supplies and specific ways in which to cut expenses.

State conferences of hospital workers and our excellent hospital magazines have likewise instructed us as to advisable substitutes and economies.

I shall deal, therefore, not with a list of items of saving, but with the general principles of efficiency which make for economy. With a knowledge of efficient general methods the specific applications can easily be made. Sufficient examples will be given to illustrate the principles and stimulate discussion.

This paper will deal only with the problems of the small hospital (under 100 beds), and much that is said will not apply to large institutions. I am speaking for the hospital with no endowment and little or no income save that from the patients. The hospital dependent on philanthropic individuals for help, and called upon to do its fair share of the charity work of the community—say one-fourth of its total volume of business; the hospital which has to meet more or less keen competition from other hospitals; the hospital without a staff, open to all reputable doctors—the typical western hospital.

PRINCIPLES OF ECONOMY FOR THE ENTIRE HOSPITAL

Economy is no more required now than formerly; waste is waste at any time, whether it be of supplies or energy.

The keynote of this paper is *efficiency*. Get *efficiency* and you have *economy*.

A few general suggestions may be of service.

No. 1: In these times of stress it is poor economy to cut down your working force too much. An extra head-nurse, for instance, will often more than save her salary through wise supervision and coördination of the work of pupil and special nurses and the careful conservation of floor supplies.

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No. 2: Raise salaries, rather than cut them, and thus stimulate your workers to better efforts and save the inevitable loss following change of workers.

Don't raise salaries on general principles, but because the particular worker is worth the particular raise. It is useless to raise the pay of an inefficient worker. Get rid of such workers and pay more to a better grade. Often, however, a steady plodder is more valuable than the brilliant but erratic worker.

No. 3: Strive for a loyal, harmonious staff of workers on whom you can throw responsibility—and then throw it. Don't try to run each department yourself; know what is going on, but do not interfere too much.

No. 4: Secure a corps of workers interested in the success of the whole hospital, not simply in their own department—interested in securing the friendship of the general public for the hospital. "The public be damned!" policy should find no shadow of expression in any hospital worker's creed. Rather it should be: "We please to serve and serve to please."

No. 5: Encourage your heads of departments to save. What each department secures from the sale of waste, such as old rubber, paper, rags, bottles, barrels, junk, scrap, garbage, etc., should be given to that department to be spent for little extras or improvements as the head of that department may see fit. Much valuable equipment may thus be added to the hospital from this source and much good feeling engendered.

No. 6: Occasional meetings of the heads of departments for discussion of problems are invaluable, and also at longer intervals, of your entire working force.

No. 7: In a large hospital printed notices and pleas for economy are necessary, but in a small one personal appeal is much better, given to groups of workers or to individuals.

Principles of Economy Applied to Various Departments

No. 1: The Business Office.—Have a complete and detailed system of bookkeeping, regardless of the cost. An inexperienced but intelligent bookkeeper can soon be taught by an expert accountant, and much money will be saved.

A pleasing personality in the front office is a valuable financial asset; affability is an element in any business office.

When possible, the bookkeeper should present all bills to

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patients. Do not trust to head-nurses or pupil nurses. Above all things do not send bills in on patients' trays. You will often thus spoil a patient's appetite and fail of a prompt collection.

There should be absolute and cordial coöperation between the business office, the superintendent of nurses, and the head-nurses on the floors. The office should be notified promptly when patients are to leave the hospital and all extra charges reported. It is hard to collect charges for extras after a patient has paid his bill and left the hospital.

No. 2: The Kitchen, Housekeeping, and Dietetic Departments.—These departments are in the same respect the most difficult and most important in the entire hospital. In these departments the chance for waste is tremendous. Therefore, have the best manager you can get; then let her do her own planning and buying. This will give the best results possible.

In general, don't buy too far ahead—now. Use all really practical labor-saving appliances. The cafeteria plan for the nurses dining-room is economical. Encourage your help, as far as possible, to live outside the building.

Let the departments have the use of money from the sale of garbage, etc., for the purchase of anything needed in the kitchen or diet-kitchens.

See to it that night nurses do not have too free access to refrigerators and supply closets.

No. 3: The Operating Rooms.—Here, again, successful economy depends on your supervising nurse. Pay well and get the best.

If possible, require surgeons to furnish their own gloves and sutures. Ether, too, should be supplied by the anesthetist. We have not yet been able to bring this about in our part of the country for the lack of coöperation among the hospitals. We have no state organization.

The fee for major operations should vary with the length of the operation—say $10.00 for the first hour and $5.00 for each additional hour or fraction thereof. This, too, is an ideal with us, but obtains in some parts of the country.

Gauze from clean cases is by us washed, boiled, and resterilized. Catgut from clean cases is saved, sorted, and boiled for one-half hour in absolute alcohol, then used for septic cases.

All rubber gloves are patched and used on the floors for dressing. Old rubber gloves are used instead of buying rubber-dam.

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Soap and water is used for washing operating room furniture instead of lysol, alcohol, or carbolic.

Fifty per cent. alcohol is used for antiseptic purposes instead of 75 per cent. or 95 per cent.

Solutions such as lysol, alcohol, or any other antiseptics are saved and re-used.

Sterile packing is made from bandages.

Cotton pads are made thick in the center where needed and thinner at the ends, thereby saving much cotton.

Oakum pads are used on the floors, made from oakum, newspapers, cotton, and gauze. These save much linen.

No. 4: Floors and Wards.—Here your superintendent of nurses and your head floor nurse hold the key to the situation.

Patients' charts of various kinds can be printed on both sides of the paper to good advantage. Your printing bill is reduced and your charts to be stored away are greatly reduced in bulk.

Use a limited number of third-year nurses for special duty. This usually suits the patient because it saves him expense and the financial return to the hospital is clear profit. Guard, however, against crippling the floor-work or using inexperienced nurses in critical cases.

Teach nurses the cost of supplies used.

Require accurate record of supplies and drugs used on the floors.

Watch special nurses carefully in their use of linens, towels, foods, and other supplies. Keep linen closets locked and issue only on requisition.

See that accurate charges for all extras are sent promptly to the business office. Special nurses are apt to be careless in this respect.

Hold the night supervisor responsible for extinguishing all unnecessary electric lights, gas plates, and electric pads and heaters. Much electric current is needlessly burned in many hospitals.

No. 5: Drug Room and Laboratories.—Do not trust to an intern for this work. Have a druggist and pathologist. If he has a good working knowledge of chemistry, so much the better. Such a man will make the drug room and laboratory sources of profit instead of loss, as is too often the case. The same thing applies to the *x*-ray department.

Your druggist should make frequent visits to the floors, examine the floor supply of drugs and see that the proper charges are being made and proper economy observed. Let no small charge escape.

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The man I have in mind not only makes up many economical compounds and formulas, thus saving much money, but he also makes all library paste, red and black ink,—saving us 75 per cent. on these items,—which in one year means a considerable saving. The ink bill in the average hospital is a big one.

All pathologic and *x*-ray work should be done by a member of the hospital force. This saves giving 50 per cent. of your fees to an outsider and gives your patronizing doctors more efficient and satisfactory service.

No. 6: The Power House.—As elsewhere, the best is the cheapest. A good engineer who has the interest of the whole institution at heart will not only run the boiler plant economically and save much coal and steam, but he will look after all ordinary repairs to hospital plumbing and steam-fitting and keep the laundry machinery in good shape. He will also make many little appliances called for by doctors and nurses for special cases. He will save much money annually in repair bills and by making the apparatus just mentioned; he will contribute greatly to the satisfaction of doctors, who are always pleased when favors of this kind are done for them. Special service always pleases a doctor.

Do not save on electric power to run your elevator at the expense of tired nurses. Let them use the elevator all they want. Your engineer can, however, help decrease the number and time of lights burned.

This past summer our engineer looked after and cultivated nearly an acre of vegetables from which $250 worth of fresh garden-truck will be harvested.

No. 7: Laundry and Linen Room.—These two can be discussed together and should work in the closest coöperation to secure best results.

In a small hospital it is not always practical to count the linens as they enter and leave the laundry, but where this is done without employing another worker it certainly pays.

It is well to let your nurses know how many pieces are being used daily and weekly. It exercises a check on their requisitions.

All approved and standard labor-saving machinery should be installed in the laundry even if money has to be borrowed to do it. Often good second-hand machinery can be obtained at small cost. At the last hospital I served we secured for $1500, installed, what would have cost $4000 new.

A skilled head-laundress will save supplies, and a good

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superintendent of nurses will see to it that aprons, etc., are so made that they will not need ironing. She will also see to it that nurses are limited as to the quantity both of personal and hospital laundry they may send in.

Do not house or feed your laundry employees.

Methods of Increasing Hospital Incomes

Getting something for nothing is good economy. Appeal to the farmers and church organizations for fresh and canned fruit and vegetables. Appeal to the women and church organizations of your patronizing territory for towels and linens of all kinds. It is not difficult to secure annually several thousand dollars' worth of such supplies with the right appeal and on the strength of the charity work you perform. The sole cost to the hospital need only be the freight and cartage and cost of glass fruit-jars which should be paid by the hospital and returned to the farmers when emptied, for refilling the following year.

Raise your rates! Most hospitals are giving service at less than cost. Now is a good time to raise, if you have not already done so. The public expects it. "Everybody is doing it!"

Raise the price for board of special nurses. Too little is usually charged. Ten dollars a week would be a fair charge in most small hospitals.

Conclusions

I end as I began: Efficiency is the road to economy!

A hospital conducted on the general principles here outlined will get value received for money expended—will give full value for money received—will meet its bills—please and serve the public well, and weather the present financial storms.

Of course, in addition to all that has been said, the hospital superintendent should also have the backing of a strong board of influential and practical citizens of both sexes who will give him a free hand and back him up in his policies.

My purpose in this paper has been to appeal for a raising of standards of service in these trying times, rather than a letting down, believing that giving and getting the very best is the truest economy.

I hope I have said that which shall stimulate a healthy and profitable discussion.

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THE CHAIRMAN: The discussion of this very excellent paper will be opened by Miss Garrison.

DISCUSSION

MISS CHARLOTTE GARRISON: We cannot help but agree with Dr. Morritt's statement as to high-priced help, and that by paying a little bit more for our cook and diet man and possibly employing a woman of between forty and fifty, we get a degree of appreciation of values that we do not get in a younger woman, and the saving is very much greater. The raising of salaries for efficiency I think is very well put, and if we can get a degree of coöperation from our employees which should be predominant in a hospital, so much the better. I have found that in giving responsibility to the heads of departments and taking a technical magazine, and once in a while giving the heads of departments time to go through another hospital to see what kind of work some one else is doing, help along a great deal and the spirit of coöperation is increased. The tendency of the superintendent of a small hospital, I believe, is to take too much responsibility on herself, and we do not throw enough on our associates, because we want everything to be perfect, and because I think a small hospital does reflect the temperament and the personality of the superintendent; it behooves us to have a little more poise and give our associates more responsibility. The utilization of junk and rubbish I think was well taken. In most of our hospitals we have an amount in our basement and storerooms which makes a fire hazard. We found $14 worth lying around and put it into a patient's entertainment fund. The personal word as to expenses seems to work out better in my staff than conferences or printed signs, and if a nurse knows that a roll of paper towels costs 17 cents, she is going to think before she uses two or three: We allow a nurse occasionally to get out requisitions, and in that way she is impressed with the necessity of not ordering more than she can use. Some hospital superintendents tell me that the laundry cannot be run to advantage in connection with the hospital. We have found by keeping a cost system every week and knowing just how many flat pieces and how many ironed pieces are in, that it costs us about half what the commercial laundry down town would charge and we really do better work. Linen is sorted out in the laundry and repaired closely because of the extreme cost at this time. In serving diet, we use Mr. Bacon's plan to advantage. The nurse takes her diet book and confers with her patient as to what the patient will have. The sociologic element there is good; the patient has something to anticipate for half an hour and the plates come back clean. The cafeteria plan is just a personal point of view, but it seems to me that it lacks the home element. After a nurse has worked all day long taking care of someone else, I think it is up to us to give her some service when she comes down to the dining-room. Mr. Morritt says the key to the situation is in the hands of the superintendent of nurses and head-nurse; it is all right if the superintendent and head-nurse have the key to the storeroom as well. A definite time and place to give out supplies will do more for conserving our supplies than any other thing we can do.

THE CHAIRMAN: This paper is now open for general discussion.

MISS ANNETTE B. COWLES (St. Louis): For some time I have found it a most excellent plan to take my nurses as a body and tell them the cost of everything that is used in the hospital. I am sure that I have

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saved at least one-third. Take the matter of rubber sheeting: there is not one pupil nurse may be out of thirty who knows the cost of rubber sheeting or who knows the cost of rubber tubing, and consequently they are not so careful of supplying those things as they might otherwise be; so by telling them, I think that about once in six weeks I have a heart-to-heart talk with the nurses—I am from the small hospital, and we do come in personal contact with the nurses as you cannot in larger hospitals. I appreciate that, but I do find this plan of taking the nurses into our confidence as to the cost of articles used in the hospital is a great thing in reducing the expenses of the hospital. Just recently we have had also to take into consideration the raising of our prices in the hospital and I think that we struck a very happy method of doing this. I felt that the person who was paying the least or the smallest amount was the person who should be raised in price the smallest, and so we graduated our scale of the raising of prices, making it 5 per cent. on those who were paying $24 a week, 10 per cent. for those who were paying $35 a week, and so on up. It made the person who was paying $50 a week pay by far the largest percentage, but we felt that they were most able to pay for that, and that also is working out to great advantage.

Dr. Lewis A. Sexton (Hartford Hospital): I want to challenge one remark made by Dr. Morritt—I may be out of order in this—that he applies his remarks to smaller hospitals, that is, the advisability of having all your help live out of the hospital. It has been our experience through a good many years in the Department of Health Hospital in New York, and also in the Hartford Hospital, that the fewer people we had who lived on the outside and the fewer we had who were married, the more linen we had. Now that may not apply to small hospitals: I apologize if it does not. Not having worked in a smaller hospital, I don't know just what the conditions are, but we find that our laundry help is practically all foreign, and I don't know that it is against their principles—it seems rather to be one of their principles—to get all they can; but at any rate we find the greatest depletion of our linen, particularly in those parts of the laundry where we have employed helpers who are married and who live on the outside.

Mrs. Hawkins: The gentleman who read the paper said "Pay the highest price for the operating-room nurse." I would like to know what is considered a fair price for the operating-room nurse to receive who has full charge of three or four nurses under her, with 50 to 90 operations a month? I would also like to ask whether it is customary in hospitals to do the laundry for graduate nurses who come back to do special work? We have sometimes as high as ten or a dozen and they do not hesitate to use a great many uniforms. Take ten nurses wearing three or four white uniforms a week and you can imagine the way the laundry work goes up. I would like to know whether it is general, doing laundry work for graduate nurses or not?

The Chairman: Both these questions will come up in the question box at 2 P. M. on Thursday. That does not in any way bar Dr. Morritt from answering both questions.

Dr. James Alderson: I am not getting up just so that my name can appear in the record. I want to commend this excellent paper and thank Dr. Morritt for a good many suggestions he has given us. One point I want to call attention to—he claimed that he allowed his dietitian to do the buying for her department; that may be all right so far as

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this dietitian is concerned, but I believe if you have an efficient superintendent for a hospital, the superintendent should have charge of the buying of all supplies for every department. There may be sometimes, of course, when they won't have time and may begin to sign requisitions that are made out, but it seems to me a good plan for the superintendent to do the buying of all hospital supplies. There are different reasons for that, but the first and best reason is the fact that they keep in touch with prices and know what things are costing. I would like Mr. Morritt to give me the name of his engineer. I think he has made a wonderful find in his engineer a man who can do all the wonderful things he does and raise $200 worth of vegetables is a wonderful man. We have at our hospital about two acres of good ground and a man like that would be very useful to us. We need to raise prices but we find it a very hard matter to do at this time; I wish somebody would tell us how we can do it and please the people and the doctors. We are very fortunate in having a lot of good women in our hospital who, every October, hold what they call a fruit shower, and we get a great percentage of the fruit we use from that method. The ladies of the different churches have been doing that for us for years, and we get our jellies and canned fruits—at least 50 per cent. of all we use—in that way, and lately we have been following the suggestion he made of housing our help outside of the house. Some one has suggested in a remark here before that it is not wise to give up the room at the hospital when it can be gotten much more cheaply outside, which I think is one of the best reasons for housing the help outside.

Miss E. Grace McCullough (Boston): I think if you have the dietitian do her own buying, which possibly she would do better even than the superintendent, because it is food-stuffs and not general merchandise. It would be very much better for the hospital to have that work separate and distinct rather than to divide her work into the general housekeeping of the establishment and to have it do without the buying. Further, while I am not connected with a small hospital, I fit out every year from twelve to fifteen pupil dietitians; they are called for everywhere in the smaller hospitals, because they are young pupils. To my mind, a pupil dietitian should never go into a small hospital, she should be an assistant in a larger hospital before she undertakes the smaller, it gives her a broader idea of the general condition of things. Certainly the smaller hospitals accept the pupil because she comes to them at a smaller salary. I think that is a very wrong idea; the small hospital needs the good worker as well as the larger one.

Dr. A. B. Ancker (St. Paul): There is no doubt that efficiency leads to economy. Inefficiency is the mother of extravagance. The difficulties with most hospitals are that while they require medical men necessary as their executive officers, the combination of executive ability and professional work is very rare. Somebody here commented adversely on low per capita cost in hospitals. I have spent a good part of my life in keeping down the expenses of hospitals and we have a rather low per capita and in looking over the field, I have done a good deal of that because I have heard people comment on the low per capita cost of running this institution. I find that it is not because we do not spend enough, but because the other fellow spends too much. Everybody knows that if the business methods of the average hospital obtained in a mercantile house, they would go into bankruptcy. We all know that. There is something wrong. I have never been just able to solve this question of the economy of the cost of running a hospital. For instance, a number of years ago I was offered the superintendency of an institu-

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tion in the east, quite a large one, and considered it with the understanding that there was to be no money spent unless I had something to say about it, and they sent me, understanding that I was to leave my present place to go there, a contract for $5000 worth of gauze for that particular year, for the ensuing year. I refused to sign it. That particular year we took care of more patients than that particular hospital did; we probably did a third as much surgery. I think they did about two-thirds more than we did. Their bill that year was $5000 for gauze and our bill that year was $550. As an illustration of what lengths they will go to in the way of extravagance we have an instance in our own institution. We conduct, just outside the city of St. Paul, a tuberculosis sanitarium and we raise chickens and ducks and other things out there, and I went down to the steward's office one day and found eight or ten bags of bread-cuttings—slices of bread. I had them all emptied into tubs and there were hundreds of crusts, and I don't know how many full slices of bread, that would go out to eight chickens. Well, there may be a police officer here so I won't repeat what I said, but I found then that that had been going on for some time. As a result of my investigation and my efforts to put a stop to that, they are not sending out bread any more except that which comes out of the contagious diseases ward, and that we burn. That simply goes to show what watchfulness will do. I believe that if we could eliminate from the business methods of hospitals the sentimental bit of hysteria I think you could run those hospitals for much less than the ordinary hospital is run, and at the same time conserve the interests of the patient which we all admit all other things should be subordinated to, money or anything else. I figure this way, that extravagance in the hospital is an extravagance that cannot be condoned because it happens to be care for sick people, that is just the reason why you would not condone it, because the more money you have at your disposal the more people you can care for. If you are wasting money in the operating room, you are wasting money that you could use to take care of some unfortunate.

Mr. E. R. Lewis (Rochester, N. Y.): A year and a half ago we established a school of practical dietetics. What I mean by that is, I gave my dietitian, people whom I obtained, graduates of dietetic schools who wished to put into practice what they had learned in their theory, they came to me educated young women understanding dietetics from the scientific standpoint, knowing how to cook their recipes for one or two people. My dietitian teaches them how to serve 200 people or more the quantities of food and why a difference should be made in the cooking of it where it is an individual portion. They stay three months; that is the required time. We give them their room, board and laundry and they give us their services. From the time that we established this department in our hospital we have had not less than two pupil dietitians, and the highest number has been six. The trays are served by them, and, therefore, the number of maids and nurses in the diet kitchen is made that much less. We have had another benefit from it which we did not think of at the time; they come to us from various schools of dietetics and they bring us new thoughts and we do not get into a rut.

Miss Mary Jamieson (Columbus, Ohio): I have on our payroll, aside from the nursing department, 119 people, mostly colored, and we would not want them in the house. I have realized in the last few years that things have been taken and have just now employed an old man who is crippled and badly wanted a job, and it is his place to stay at the door, and all the help come in and go out of that door, just the way they do in a department store, and he has police power, the police depart-

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ment assured me there would be no trouble about securing that, and every one who goes out that door and has a bundle they don't want to open will be turned over to the police. I have not had a great deal of trouble with the nurses because I have always met them in the assembly, and this year the head of the department has suggested that I meet them in the classes so as to be able to reach them more easily. The pharmacist told me the other day that since I stopped signing the requisition book for his department and the department of supplies, it is costing a little over five dollars a day more for his department, so I am again signing the blanks. Each day I make a comparison to see what is missing, and if they don't know where the missing things are, some one has to stand for it. I take exception to one point in the paper that was read. I have always felt that the money gained for hospitals by exploiting nurses for twenty-four hours at a stretch is money lost. I have always felt that to give good floor service and employ your graduates is much more satisfactory and makes much better feeling generally.

THE CHAIRMAN: I am going to ask Dr. Morritt to close the discussion. We have other obligations that we have to fill.

DR. MORRITT: I did not expect any one to agree with all that I said. With regard to the laundry employees living out—in the first place, you must remember that in a small hospital the number of laundry employees is about four or five. Then, of course, in Colorado we are so much higher and nearer Heaven than the rest of you that we are better people. In regard to the pay for operating nurses, I would say $60 for the right girl; if you can't get her for $60, give her $70 or $80. In regard to the superintendent buying all the supplies, I know that is the generally accepted custom, but I do not believe in it. I know the dietitian could buy a good deal closer than I could, and there is not a corporation of any size in this country where the superintendent does the buying. He has a purchasing agent, and your superintendent of nurses or dietitian is practically your purchasing agent, and when it comes to food supplies the dietitian who has the proper training is the girl I want and she can beat me all to pieces buying.

THE CHAIRMAN: The Association will now listen to some announcements by Mr. Wright.

THE CHAIRMAN: I wish to state to you that the registration up to now is 480. We know there are more than 480 people here. We are very anxious to have the best showing that we can get and therefore I beseech all of you who have not already registered to attend to this duty at your earliest possible convenience. I wish also to read some announcements here. First, that the Committee on time and place

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will meet. Any delegate who may wish a hearing can get it at the Secretary's office immediately at the close of the business meeting. Incidentally, there will be no business meeting today. The business meeting scheduled for 4.30 will be postponed until Thursday afternoon, the business meeting being held by the Board of Trustees and has to do with business that has been referred from the various committees of the Association to the Board for their consideration. I am asked to announce again that on the adjournment of the American Hospital Association there will be a meeting of the Episcopal Church Hospital people in Room 109 on this floor of the hotel, at the opposite end of the building. I am also asked to announce that very interesting exhibits are upon view in addition to those here, at the extreme left of the hall, and also surrounding the entrance of the small hall at the extreme right. I want to repeat what I said at the close of the first morning's session, that you now have an opportunity to confer with the representatives of the manufacturers of the various implements, apparatus, supplies, etc., that are on exhibition here and get a first hand knowledge. You can ask questions and get replies that will be much more satisfactory than anything you can get out of catalogues or from any mode of correspondence, and I think it will be well worth your while to study these exhibits and learn as much as you can from them. Remember that these representatives are only too glad to help you; they are here to help and I might say that we need them very much. The meeting will now stand adjourned until 8 o'clock tonight sharp.

Wednesday, September 12, 1917

Evening Session, 8 o'clock

President Wilson in the Chair.

The Chairman: The Association will please come to order. The first order of business for this evening's session is the report of the Committee on Accounting, Dr. A. R. Warner, of Cleveland.

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REPORT OF COMMITTEE ON ACCOUNTING

ANDREW R. WARNER, M.D.
Cleveland, Ohio

As part of the report of the standing committee on hospital efficiency, the chairman of the present committee on accounting presented a paper at the meeting of this Association last year, dealing with the present lack of uniformity in policies as well as in the details of reporting and accounting of work done and of the cost of hospital maintenance. This paper also referred to the failures of all previous attempts to standardize or to unify hospital accounting. An appeal was presented to the Association that it again make an attempt to secure the unquestioned value which would necessarily come from a standardization and unification of hospital reports, both financial and statistical, but by very different methods from the previous attempts.

To the paper of last year was appended the following resolution, which was adopted by the Association and the present committee appointed under its provisions:

> "Resolved, that a special committee of three on hospital accounting be appointed by the President to serve until discharged by the association. This committee shall from time to time propose such recommendations leading to more uniform and comprehensive accounting as it shall deem advisable. The recommendations and reports of this Committee shall be considered by the association, and if the recommendations are adopted, an effort to cause their use in hospitals represented in this association should be made by the members of this association representing such hospitals."

The plan suggested in the report at Philadelphia was to attempt to secure the advantages of standardization by the adoption from time to time of standard figures or totals which should be definite in their meaning and computed and understood alike by all hospitals. It was deemed possible to develop the use of many such figures without causing extensive changes in the systems of accounting now used by various hospitals, which necessarily are to a certain extent individual to the various hospitals.

In accordance with these ideas, the committee recom-

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mends the standardization of the following terms, facts, and figures, and the inclusion of these terms, facts, and figures in all published reports.

Work Done

The first and most important figures to be standardized seem to the committee to be those representing the amount of hospital treatment given in a year and the arrangement of these figures so that the persons supervising organized charity in every community may know that hospital's contribution to charity—to the community. It is recommended that all hospital patients be classified as follows:

1. Pay.—This class to include all patients paying an amount equal to or above the cost of their care. In this class there is no contribution by the hospital to charity.

2. Part-pay.—This class includes all patients paying something for their care, but not full cost. The difference between the sum received from such patients and the cost of their care, as figured from the average per capita diem of the hospital, is the contribution by the hospital to charity in the care of these patients.

3. Free.—This class includes all those who pay nothing whatsoever for their care. The entire cost of providing hospital care for these patients to the extent of the total number of free treatment days is computed directly from the average per capita diem cost. Such a figure represents, therefore, the contribution of the hospital to society in the care of these people.

In each class there should be computed and reported the number of persons receiving care, the number of days of treatment given in each class, and the amount of money received from the patients in each class, with corresponding totals representing the entire work of the hospital. The classification of the patient should be transferred as necessary with or without the actual transfer from one bed to another. A patient may enter "pay" and so remain for a time occupying a private room; then on account of failing resources become a "part-pay" patient, and in the end the absence of resources may require that this patient be made entirely "free." On the other hand, a patient may enter "free" and the assistance of a wealthy relative cause transfer the other way. These figures show at a glance the contribution of a hospital to a community and indicate definitely the support which the hospital should receive from the community it serves.

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Census

To figure absolutely the days and fractions of a day each patient remains in the hospital and the total hospital days from these figures is both cumbersome and unnecessary. It has become a quite universal custom for each ward in a hospital to send to the office the census report showing patients on the ward at midnight every night. For every person so recorded the hospital credits itself with a hospital day of treatment in the class to which each patient belongs. As few patients arrive at midnight this system is rarely accurate in individual cases, but the average is more accurate than any averaging system yet devised, and for statistical purposes is far more accurate than most of the other figures obtainable. It is recommended that this system be adopted as the standard.

Financial Accounting

In the financial accounting the Committee does not think it advisable to recommend that more be done at the present time than to urge hospitals to report as accurate a figure as possible representing total hospital maintenance cost. This figure divided by the total days of treatment given to all classes gives as quotient the average per capita diem cost. This is the figure to be used in computing a hospital's contribution to charity, etc. In some hospitals the maintenance cost of the private patient does not differ materially from that of the ward patient. There are many items in common, and the additional expense for the few differing items, as for food, plumbing, maintenance, etc., is often balanced fairly well by the decreased nursing care given by the hospital because of private nurses employed by the patient. In some hospitals, private patients may be housed and served in a way to make the expense of their care distinctly different from the average cost of the ward patient. In such cases a separation in accounting is advisable.

To secure a maintenance figure worth while, complete separation of capital from maintenance accounts is necessary and should in all cases be made. In maintenance cost figures should be included all expense items contributing to the care of patients, regardless of the sources of income, whether it be from general or special funds, from personal contributions, or from other sources. The primary object of the published report should be to announce the work for society and the cost to society so that the need for the exist-

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ence of the institution, the demands made upon it for its aid, the wants and the opportunities for greater service, and the efficiency as well as the effectiveness of its work may be accurately judged. To this end standards for measuring the work done are necessary and the total maintenance cost figure should represent the total cost to the community—to society—not the cost to a certain fund or funds. Perhaps the simplest way to combine special gifts or funds is to pay for the specified items directly from the general maintenance fund and then transfer the income from the special funds or gifts to the maintenance or general account.

Emergency Service

The emergency service of many hospitals is negligible in cost or in amount. In general, emergency patients and all patients who stay less than twenty-four hours, which usually includes tonsillectomy cases, should be kept separate. If the number of emergency or overnight patients cared for by a hospital is considerable, such service must be reported separately, both in volume and cost.

Dispensary

The two essential figures in the work of a dispensary to report are: (1) New persons admitted; (2) total visits made. The new persons admitted represent the extension of the dispensary work among the neighborhood people. This figure is different from those figures representing the number who come with a new sickness or complaint, "new cases" or the number of different people attending in a year, etc. The comparison of this figure with the number of total visits made indicates more accurately than any single figure devised the sociologic value, the efficiency of a dispensary. The larger the ratio between the total visits and new persons, the more visits the average patient must have made, thereby reducing the principal defect in efficient dispensary work—the drifting away of the patient. This ratio also indicates the attitude of patients toward the services of a dispensary. If patients are properly treated and they feel that the service of a dispensary is worth while, they will return and keep under the advice of the dispensary physicians. Some patients may really need but one visit, but the proportion of these in dispensaries of like type in various sections of the country is practically constant. An average of more than three or four visits is unquestionably required

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to treat properly the patients of any general dispensary. The ratio between the total visits to a dispensary and the new persons admitted is approximately this average. It is quite important that the number of visits made to each clinic be known on account of necessary internal adjustments and management, but such figures have not proved of general interest unless used as a basis for calculating the average number of visits made by patients to each clinic. The separation of the visits made by men, women and children or residents and non-residents, etc., may at times be interesting, but the general value of additional records does not seem to be established.

The maintenance cost and the average visit cost of the dispensary should not be mixed up with the hospital figures. Many of the items of expense of dispensary maintenance are necessarily separate. The others may be quite accurately estimated and pro-rated from the common figures although separation at the source may be impossible, as in the case of expense for heat, light, etc. The only really essential financial figure is the total maintenance cost and this divided by the total number of visits gives the average visit cost, which corresponds directly with the average per capita diem cost to the hospital.

Other special departments of hospital work, such as pay or diagnostic clinics, ambulance service, extension of medical service to the homes, etc., should be treated as a pay pavilion, large emergency service or general dispensary, *i.e.*, the cost of such service kept separate and not included in the general per capita figure of the hospital or of the ward patient.

The committee realizes that strict accuracy can find many flaws in the above figures, but strict accuracy in such figures is impossible. A hospital cannot spend all its energy keeping books. The above figures, however, do appear to the committee as the best averages and most valuable totals to be standardized and uniformly computed and reported.

It is hoped by the committee that these recommendations will be fully discussed and if adopted will be incorporated in the annual reports of every hospital represented by this association. It is also recommended that this committee not be discharged at this time.

THE CHAIRMAN: Discussion of the report on the Committee on Accounting will be opened by Mr. Cornelius S. Loder, of New York city.

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DISCUSSION

MR. LODER: The key-word in this report is standardization. Years ago the railroads of this country took up the matter of standardizing their accounts through their own organization, which was very similar to ours. Later the electric light plants, the central electric power stations in this country, about 4000 in number, through their National Electric Light Association, undertook to standardize their accounts. Those two great organizations, representing so much invested capital in this country, knew that they would be required to make certain reports to their cities and states, very much as we must now shortly commence doing, as a hospital. Speaking of the work as a whole, we are very much unorganized; that is, we are not required to make our report as we should to the Federal government; neither are we, in all of our states, required to make reports to our states or to our cities. There is very little semblance either of accuracy in our reports, practically no standard, no plan is followed except in a very few cities and states, and even then, as in New York state, for instance, the state and the city reports are not entirely the same. If we, as an organization, can so establish certain principles, policies and plans and then all of our various institutions follow that plan, it will be of very great benefit to us as individual hospitals, for the reason that later, as all of the states of our country and the various cities will undoubtedly ask for reports on our work, we will have one general plan, and besides that it will have the further advantage of our knowing just what another hospital is doing by reference to their report and we knowing that our own report and our own institution is on the same basis. So that word standardization needs to be emphasized, and to my mind this paper that has just been read is one of the most important, and further it will prove a very great blessing to us all if we not only pass a resolution giving our approval to it, but carry back to our own home hospitals the things that have been said that we should do and then propose to do them. Knowing that after I had read this paper the one word that would seem most impressive was that word standardization, I looked it up. It is defined as "Any measure of extent, quantity, or quality of value established by law or by general consent; any type, model, or example with which comparison will be made." We will establish a standard just as our country has one in its flag, and so we will proceed. We cannot very well attempt at this time going into the thing thoroughly, fully, or completely; that was not the object of that paper, didn't attempt to cover it in that way at all. We are simply making a start, friends, just as the other organizations to which I have referred attempted doing, and now they have completed their plan with very little improvement since, so it is for us today, tonight, to start some plan or method that we will follow, and the reason I am here to emphasize this is so that you will carry the impression of this paper back home and there attempt to put it into active force and not simply by word of mouth give your consent and then drop the matter entirely. Of course, back of a standard there must be a strong, practical, usable plan on which we can base safe, sure, right standards. I consider, as I have stated, that this paper has done this, and I think that you can very well accept the report of that Committee in approval that they have worked on this thing to do for this hospital just what is needed the most. The last part of that resolution as passed a year ago, as read by our chairman, I want to emphasize again. If the recommendations are adopted an effort to cause their use in the hospitals represented in this Association should be made by the members of this Association representing such hospitals. I would

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just like to emphasize that one phase, so as to bring it before you more simply and probably convincingly. Let us take, for instance, a city hospital that is keeping its beds filled constantly. Let us say one of 200-bed capacity, at a per capita cost of $2.50. That would furnish 73,000 beds a year and at a gross cost of $182,500. Now if there were 25 beds of that 200, or $9125 annually, if they were free, that would make $22,812. If 50 beds, or $18,250 annually were part pay, that would make $45,626. If the balance, or 125 beds, or $35,625 annually, are pay, that would make $114,062. That would make that total $182,500. Now if those 50 part pay, suppose we say, were only paying one-half, or $1.25 per bed per day, or $22,812, there would remain for the institution to secure this remaining half, amounting to $22,812 on these part-pay patients, or with the charity patients an additional $22,812, making a gross total deficit through free-bed service for that year of $45,625. This is the amount to be stated in any case and to appear in the annual report, less, however, special monetary gifts, occasional donations, interest on endowment, etc., and this is the sum you wish to raise. Such a statement adapted to the requirements of your institution and including, of course, the other items, as stated by the Chairman of the Accountancy Committee, should convince the public of your frankness and show them conclusively, in brief display, your exact financial need. I present the above hypothetic illustration as showing further what we can do. There is also the gross payments from pay patients that can be presented to the public on the cost basis and the excess, if any, can be expended for new or additional equipment, for repairs, or placed in trust if not required as a depreciation account. One of the real big ideas for the public is the contribution to the community in general uplift and in social welfare on better health lines, in preference to the negative factor as usually shown simply by the calling for money. Put it strongly the other way, so the people will feel an obligation or an actual part in the cause to which you give time and strength through an organization that is in business to help them all. I see no reason—none whatsoever—why we are not entirely justified as an organization and why it is not to the interest of every institution represented here to accept this report, and in doing so to assume the task of attempting its introduction in the hospital with which we may be associated.

THE CHAIRMAN: The report of the Committee is now open for general discussion.

MR. H. E. WEBSTER (Montreal, Can.): I don't know that I have very much to add. The report has been so very ably put before us. In Montreal recently, in the way of raising money, we went before the city council in a body and were fortunate enough to have a cent tax put upon all the theaters or moving pictures for hospitals in the City of Montreal. We have 100 free beds and it has given the General Hospital $1500. We have had some $28,000 and the public have not objected in the least to paying the tax. I don't know that I have any further remarks, but that is one way of raising money.

THE CHAIRMAN: Is there any further discussion of the report of the Committee? If not, the Chair would like to entertain a motion to accept the report of the Committee and continue the Committee.

A motion to this effect was made and adopted.

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DR. A. R. WARNER: I am greatly honored that the Association adopts this report. If you adopt it, you have a task before you, and I rise simply to say to those who do mean their votes and really want to comply with this, that I will at any time be glad to give any additional assistance that I can. I cannot believe that I have written this so plain that everyone will understand it alike. I hope so, but I doubt it, and as questions arise, the Committee of this Association is at the service of the members who are trying to follow its report.

MR. C. S. LODER: May I make a suggestion on this, and that is we have passed a resolution; have we done it in a formal way or do we mean that when we return to our own hospitals, we are going to attempt installing this method in our own work? Would it be out of order, Mr. Chairman, if you ask those who are present tonight, those who really mean to take this work up definitely—ask them if they will stand so we will get a pointer on this and not simply have a formal motion without any work; otherwise the work of the Chairman of that Committee and this other work of the resolutions counts for nothing, absolutely.

THE CHAIRMAN: I think the Committee Chairman would prefer to have the initiative of asking a rising vote on a question of that kind to come from the members themselves. What they voted on really was to accept the report of the Committee and continue the Committee. That, the Chair thought, was to get matters started and see what progress had been made by, perhaps, next year. I should very much like to do what you want me to do, but would rather have it come from the body.

MR. LODER: Would you like a motion? If any one is in favor of that motion, I wish they would make it.

MR. BORDEN: We have accounting officers at hospitals. The superintendent is not always responsible. How can you commit yourself to say you will change the system of accounting before you go home? You cannot always do what you would like to do.

MR. LODER: I simply suggested in my paper attempting its introduction in the hospital with which we may be associated.

THE CHAIRMAN: I feel assured, Mr. Loder, that every member who voted "Aye" showed by their vote that they intended to make the attempt, but to pledge themselves to

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it, they probably would be in the same boat I would be in if I tried to pledge myself to do something and then went to New York and found myself up against the order of the Board; I would have to do what they told me to do. There is no question but that the intent of the meeting was to make the attempt which Dr. Warner has asked. The next paper upon the program is The Annual Budget and Its Supporting Statement, by Dr. A. C. Bachmeyer, of Cincinnati. Dr. Bachmeyer is not present and that paper will be passed. I am very much pleased to be able to say to the Association that Miss Minnie Goodnow will let us have her experiences in France. Miss Goodnow went to France with the second contingent, or the Harvard Unit, two years ago, and has returned to this city only three weeks ago, so we now have an opportunity to get some first-hand information from the scene of action of this great war into which we have so recently entered. Miss Goodnow.

Miss Minnie Goodnow: This is not quite fair to either you or myself. I only knew of this five minutes ago, and I am not at all sure that I shall be able to say to you what you want to hear. If any one wants to ask me questions afterward, I shall be very glad to answer them. I went to France with the Harvard Unit in November, 1915. We landed in England, went immediately over to France, and served in the British army—practically enlisted in the British army—for six months in a British military hospital near the line. Later I went to the French forces and served in two French auxiliary hospitals—one Dr. Fitch's, of Rochester, N. Y., at St. Laurent, en Caux, up in Normandie, and the other, Dr. Joseph A. Blake's, of New York, in Paris, this year. The experience with the Harvard Unit was possibly the most interesting, in some ways; in that we lived in a British military camp and very near—practically in a big British base town, where there was all the military activity that one gets—a training camp, a machine-gun school, 10,000 hospital beds which have now been increased to about 25,000; hospitals of 600 to 1000 beds each, now they are 1700, 1800 or 2000 beds. The whole thing was military, and the experience of being under military discipline was interesting. It was a bit galling to Americans at first, but we soon got the idea, and adjusted our minds and our practice to it. One thing which the nurses will be interested to know, a very large proportion of nurses who are over there are women who have held executive positions in America. The reason is that so often the recent graduate

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does not feel that she is able financially to go on the small salary or without salary. The Harvard Unit pays a salary, but very many of the hospitals do not. Of course, the nurses that are going now get a salary; that is the reason why there are so many executives over there—there really is an excess of executives; in fact, the first Harvard Unit, the first contingent, was composed almost entirely of nurses who had held executive positions. You can imagine what a handful it was for a matron. The second Harvard Unit was better; I was about the only executive in it, and we were not so troublesome. We nursed only the common soldiers; the British officers are cared for in the separate hospitals, not in with the common soldiers and non-commissioned men. I am speaking of all that group of ten hospitals, the two Harvard Units, and I think it is the light Chicago Unit that is in the same camp. The balance of the ten are British. Our hospitals were mostly in tents; some of them were in huts, that is, buildings of boards. We nurses lived in huts. Most of our wards were tent wards, 36, 48, and 60 beds. Our appliances were very simple. All our equipment was of the very simplest, and it certainly was a revelation to all of us to find that we could do absolutely good work with very, very crude equipment and little of it. In a 48-bed ward we had the space which would have been occupied by two more beds for administration; our drug room was a cracker-box; our linen room was another cracker-box; our blanket closet was another box under the bed; our surgical supply closet was a small box, etc. Our hot-water supply was a big kettle out in the yard, but we did good, correct work. And it is so in all war hospitals, or practically all. There are a few in Paris that have elaborate equipment, but the ordinary war hospital has only the essentials. Of course, you have a good operating room, though it is simple—three tables going in one room at once. Of course, you have a good *x*-ray equipment; that is absolutely essential; but when it comes to ward equipment, it is extremely simple and it is quite worth while to go over to the war zone to find out how little you can get along with and yet do first class, up-to-date work. The same is true about economy. We have been able to teach our doctors, our surgeons, economy, and that is more than one has ever been able to do here. Over there a doctor realizes that the supply of gauze, the supply of adhesive plaster, the supply of anything, may give out at almost any time, and he is really economical. Nurses learn economy first, but to make the doctors learn it in dressing and to tell a doctor

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that he cannot have a second piece of gauze to do dressing with, that he must get along with one, takes a bit of courage, but it has to be done, and the results are very excellent indeed. It simply shows that humanity does come up to things when they have a good reason for doing it. Of course, we had a few things that might be called hardships, but after you have been in the war zone for a couple of weeks you don't call them hardships. We were never warm; we were rarely dry, and we did not have the things we wanted to eat; but we had enough to eat, we put on more clothes to keep warm, and if the British army did not furnish enough blankets, we could buy them ourselves, because we had a salary, so that you need not pity your war nurses, because they really get along very well, and by the second winter you have your mind used to it and if anybody complains somebody says, "Think of the boys in the trenches!" and everybody subsides and doesn't even think wrong things any more. The two French hospitals where I was were what are called auxiliary hospitals, while the British was entirely a military hospital, under the control of the War Office in all respects; the whole organization was British; the orderlies were British and were trained nursing orderlies, which made them practically nurses and of very great assistance. Everything went beautifully and like clock work. The nurses and doctors only were Americans. In the Harvard Unit with the French, the situation is rather difficult. There are, of course, French military hospitals which I cannot tell you very much about. The most of the hospitals that Americans get into are the so-called auxiliary hospitals, where the domestic and business arrangements are French military, and the personnel, the doctors and nurses, are, for all practical purposes, civilians. The soldiers, of course, are always under the control of their government while they are in the hospital, and therefore you have no difficulty about discipline. The French hospitals, the strictly French hospitals, are very poor, badly equipped, and of course there are practically no trained nurses in France, so that we got all the time most pitiful and tragic tales of the neglect of patients in the French hospitals. Our patients whom we had in the American French hospitals were always telling us how much better care they got with us, because, as they said, "you Americans are rich and you can do things—you have the things to do with," and it is quite true; a little bit more, a few more supplies, does make a great difference, and the American hospitals, of course, have enormous quantities

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sent from private sources. At Dr. Fitch's we had really a little American clearing-house of our own; we got far too many supplies, but sent them out constantly to small French hospitals in the surrounding district which needed them. There we had a building which had been a hotel and was adapted to a hospital. It was a four-story building, and for your delectation I will say that we had, last winter, all winter, one small stove in a four-story building; that was our only means of heat. Of course, war hospitals are not heated anyway; the patients are not used to it and there isn't any fuel anyway, or not enough to use. The equipment was very simple, and yet it was ample. In Dr. Blake's hospital in Paris we had very good equipment, because a great deal of research work is being done there and we use the elaborate apparatus for compound fractures and things of that sort, which the French hospitals feel they cannot afford, because it cost about $3.00 a bed to put those things up, but they are simple, and our doctors made them themselves. Most of the elaborate splints and equipment were made by the doctors, and if one man was not a very good carpenter, he got another doctor to help him out, and a little bit of blacksmithing from some one else for the iron rods and things of that sort. I do want to speak about the auxiliary nurses. In the hospitals with the French we used auxiliary nurses, British, French, and American. We had a great mixture; most of the British military hospitals had auxiliary nurses or nurses' aids; the Harvard Unit did not, although I believe now it has a few. They are not an unmixed blessing, but still, on the whole, I should say that fully three-quarters of the nurses' aids were a success. There is a great deal of jealousy between the trained nurse and the untrained woman, very naturally, but on the whole the thing worked out very well because there is a great deal of work in a hospital, as you all know, that can be done by a probationer or a girl in her first three months of training, which is practically what those were. Remember, too, that the auxiliary in a war hospital, the nurses' aid that you get, is usually a very well-educated woman, a woman who is quicker to learn than the average, and who is usually dead in earnest about it. That is one thing that you get in the war zone—you get in deadly earnest. I presume that three-quarters of us went over there wanting the experience, just as an experience for the interest of it, to find out some new methods, to see how things were done in the war zone, from a more or less selfish motive, but after we got there, after we had been there a little while, that was pretty well

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knocked out of us. We found that practically everybody had laid aside all their own concerns and were doing things for the general good, for the benefit of other people; we found that endless people, thousands literally, were doing work that was beneath them, doing humble, rough work that a person of one-tenth their capability could have done just as well, but which somebody had to do then and there. I remember several members of the British nobility whom I worked with who were capable to the last degree, but who for one reason or another could not get just the thing they wanted to do, so they did what their hand found to do—they did very humble things. At Dr. Fitch's we had the son of a Premier of Australia who was in charge of the storeroom; he unpacked boxes, put things away, and found them for us and gave them out. It was not a very wonderful job, but it was what he found was needed to be done, and so it is all through the war zone; you cannot expect to do just the task you would like to do, and I do not suppose three-quarters of us did what we wanted to do, but we learned to do the thing that needed to be done, and to do it as well as we could, even if we did not like it, and presently we got in the spirit of the thing and saw that that, perhaps, was our place. It is an awfully good thing for Americans to learn a thing like that; it is a hard thing for Americans to learn, but in the end you feel it is worth while to have lived where practically everybody was working for the general good exclusively, and was ashamed to even have his own concerns on hand. That, to me, was the most beautiful and really the most worthwhile experience of the whole thing.

THE CHAIRMAN: I am sure that after this meeting is over Miss Goodnow will be besieged by many members asking her questions about her experience at the front. I think that will be a very good focus to hold us here and get the little heart-to-heart talks of various kinds and get a little bit better acquainted. I am going to ask Dr. John H. Quayle to talk to us on the Reclamation Camps or the Restoration of the Unfit. Dr. Quayle has only just recovered from an attack of typhoid fever, so that he knows he has had something a good deal worse to face than this audience.

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RECLAMATION OF THE REJECTED CANDIDATE FOR THE ARMY

JOHN H. QUAYLE, M.D.
Cleveland, Ohio

You probably have heard more or less of the reclamation plan to reclaim the unfit not only for military service, but for efficient citizenship. In the first place, I want to give you my opinion of the difficulties that we face in the war in which we are now engaged. Personally, I feel it is up to the United States to win this war or to pay tribute to the Prussians for at least the length of the lifetime of the members of this assemblage.

I saw the last Kaiser's parade prior to the war. In order to see it we had to stay up all night and be on the field at five o'clock in the morning, and at six o'clock exactly (not at one minute past) the Kaiser rode on to the field with his staff and reviewed 2,500,000 men, who passed before him as one man, and he sat on his horse from six o'clock in the morning until two in the afternoon without moving except to salute. I saw this same parade ten years before, and I want to say that there was as much difference in these two parades as there is in the automobile of today and the one of ten years ago.

In this setting, imagine several Zeppelins flying overhead and from 50 to 100 monoplanes operating above us—monoplanes which could get off the ground in a distance of 100 feet, equipped with motors of 450 horsepower.

I also had a pass to the flying grounds at Johannesthal, which I visited during my stay in Berlin from one to three times per week. At this time there had been a Frenchman who had flown upside down, done the loop-the-loop, and other stunts, as you saw Ruth Law—a mere woman—not a soldier, do in Cleveland in the past ten days. This was being imitated by the German officers at the flying grounds, and during my stay in Berlin there were over fifty men killed from attempting these same stunts and not a single Berlin paper mentioned one of these casualties. One night, when I came out on the grounds, I saw a wing drop off an

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aëroplane which was 3500 feet in the air, and these poor fellows hurtle to death, without a single man who was in the air coming down to see the accident. Within two minutes of the time the aëroplane struck the ground and had torn the arms, legs, and heads off the men there was not a sign of an accident, as the ambulance had run out from the side lines and picked up the pieces and the motor truck from the hangar had gathered up the pieces of the aëroplanes.

This is the military spirit that permeated Germany prior to this great war. We all hold to the fond illusion that there will be internal troubles in Germany, and the President has encouraged this hope in his wonderful reply to the Pope; this has strengthened us in believing that civic conditions in Germany would win this war for us without loss of life to us, and all we needed to do was to furnish the Allies sufficient money and they would win the war, but I want to say that my own opinion, based on familiarity with the psychology of the average German, is that the child is brought up first learning to speak the word "Kaiser," second "fatherland," and way down the line "Gott," and later "father and mother," and they would not think of attacking the army any more than we would something we know is wrong. This is what we have to combat. In my opinion, with the extraordinary efforts which are being made by the government at the present time, it will take us from five to ten years to overcome the common foe. It is perfectly true that some of our newspapers win the war each morning, and in the afternoon arrange the terms of peace, but the Germans fight on without any fuss or feathers and undismayed.

A full realization of the meaning of man power and the tremendous wastage which is taking place in our army is the thing that prompted the reclamation plan, which I have presented to the government. The reclamation plan is nothing more or less than the simplest form of prophylaxis.

Senator Pomerene has introduced a bill in Congress providing for a hundred millions of dollars to carry out this plan, which, from the best figures obtainable, will reclaim at least 2,000,000 men, who will be ready and willing to fight, and each of whom has the psychology of a soldier and will be a real soldier when he goes to the front.

The Surgeon-General's report, which I have on my desk, for the fiscal year ending June 30, 1916, shows that four out of every five men who volunteered for the army during 1915 and 1916 were rejected for causes trivial and absolutely remediable in the great majority of the cases.

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I have also the Adjutant-General's report for the month of March, 1917, during the time at which the flower of American manhood was volunteering for service and to fight this common foe—when so many men were volunteering that the colleges were being broken up—and during this month of March, 1917, only one out of three of the men who were conscientious and believed themselves physically fit to go to the trenches and fight was able to pass the physical examination of the army. What is wrong? What is the matter that this thing should happen in America, who prides herself on being the greatest people in the world? There is only one answer and that is—lack of universal military training.

The majority of the boys from the ages of eighteen to twenty-one years are learning to drink and contracting venereal diseases; they do not know the meaning of the word "discipline," and, when they are subjected to it, rebel. Universal military training, in my opinion, will do more for the physical, moral, and mental condition of the individual than it will for militarism.

The bill introduced by Senator Pomerene provides that a commission shall be appointed, consisting of medical, civilian, and military men, who shall determine where the camps shall be located, and, when a man is rejected either by the examining board or at the cantonments, he will be referred to a board appointed by this commission, who will take him to a first-class hospital, where an absolute diagnosis can be made, based on *x*-rays of the chest and the different blood and serologic examinations; an absolute prognosis will be made for this man, whether he can be reclaimed and made a real fighting man within a period of time varying from one to six months. If he can be, he will be accepted by the reclamation camps and his difficulties remedied by medical and surgical science, and, if it is not possible to reclaim him, he will be given his examination reports showing his physical deficiencies so that he may go to a doctor (who possibly would be unable to make all these examinations without great expense), but who is perfectly capable of treating him, thereby producing a fine citizen at the best time of his life, namely, from twenty-one to thirty-one.

It is my idea that these camps should be located near the large cities which can furnish the best specialists in every line to make these examinations, and do the operations, and, after the patient's recovery, he would be returned to the reclamation camp, which would be adjacent to the city, where he would live an outdoor life, on a simple diet, *under*

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discipline and the proper régime that would make him a real man.

I have every reason to believe, from the correspondence and the interviews between Secretary of War Baker, Senator Pomerene, Surgeon-General Gorgas' office, and myself, that this bill will be passed as soon as the government is able to equip the men under the selective service draft.

You may say that this reclamation project is not necessary, but I want to say to you that there are two forms of examinations—the white book, which was prepared under the authority of the President and the Secretary of War for the guidance of the present civilian examining boards, and the blue book, which is the regular army examination and which examination every man has to pass when he arrives at the cantonments, and it is my personal opinion that a large percentage of the men who are sent to the cantonments will be returned as physically deficient.

If I had more time I would be glad to go into the subject of the causes of rejections from the army, and in conclusion I want to say that in Canada, for every man who was broken down in training it has cost her $2000. We have figured that it will cost $50 to reclaim each man. If with a hundred millions of dollars we reclaim 2,000,000 men, as H. P. Davidson, head of the Red Cross, has aptly put it, "you have increased our national wealth thirty billions of dollars."

THE CHAIRMAN: I am going to refer the doctor's paper to the business meeting for further consideration. The next paper upon the program tonight is the "Report of the Delegate to the American Public Health Association." This was to have been made on Friday morning.

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REPORT OF THE DELEGATE TO THE AMERICAN PUBLIC HEALTH ASSOCIATION

MR. MICHAEL M. DAVIS (Boston): Mr. President and fellow-members: At the request of President Wilson, whose mandate no one can disobey in war time, I attended the meeting of the American Public Health Association last autumn as a delegate from this body. The report that I have to present is a brief one, but I was very much impressed with one point which I think this Association might well have in mind. The American Public Health Association is a body of somewhat larger membership than this Association, but the meeting held in Cincinnati had a somewhat smaller number of registered members in attendance than we have here now. The striking thing about the organization of their program was that it was organized into sections. There were each day usually two sessions and one or two—four days—there were three sessions. Usually there were two sessions and one was a general session, such as we are having tonight, and the others were all sectional meetings in three to six different sections, meeting at different times, the Laboratory section, section on Vital Statistics, section on Public Health Work, Sanitary Engineering section, and section on Sociology. Each section was organized permanently as a continuing body, with its own chairman, its own secretary. The members of each section, as I understand the organization, are members of the section by virtue of their interest in that particular field of public health work, and elected by the body of the section on application or nomination. The section chooses its own Chairman and Secretary each year, who are merely the presiding and recording officers of that sectional meeting. They make up the program of all their sectional meetings. What was very striking about the meeting was the active interest in these sectional gatherings. Some of the sectional meetings were large ones, 200 members; some, 25, 30, 40, or 50 members, but in all they gathered together a group of people who came there because they were specially interested in the subjects under consideration by the

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section. Every paper was discussed in a way that was surprising, because the chief problem of the Chairman apparently was to limit the discussion sufficiently to enable all of those who wanted to speak to have a chance within the time limit. People were at every meeting that I attended really on their toes to speak, and in almost every meeting they ran over time and there were people who wanted to be heard who could not be heard. It struck me as very natural that in a body of people specially interested in a particular field there would be more active discussion than in a more general gathering. It seemed to me that it might be worth presenting this idea to this Association, particularly at this time when we have, in our new constitution, provided for such sections organized in practically the same way. I have often felt that a group of people interested in dietetics, as our dietitians are, or in the training of nurses, would find it extremely interesting to have one, two, or three sectional meetings. The question was raised in discussing it, by some members, whether it was a disadvantage to the American Public Health Association to have several different sections meeting at the same time, so that one person who might wish to attend the several sections and hear several interesting papers could not do so. I found that objection a very serious one myself; I wanted to cut myself into at least two pieces, but not being a surgeon, I was compelled to forego the pleasure. I realized the disadvantage of having several different sections at the same time. I felt, however, that the disadvantages were much more than counterbalanced by the advantages of having the special interest of a group of people who come together as one body and have a program made up by people specially interested in that one field. I ought to add that the sectional programs, when made up, had to be submitted to the general committee of the American Public Health Association, and they finally had to determine how many sectional meetings should be held by each section and passed upon the program, but I gathered that, in the main, the actions of the trustees were usually merely formal in ratifying or suggesting some slight changes. It seems to me that the Hospital Association might well consider whether or not the time has arrived for the actual confirmation of a similar sectional plan. Certainly, it works excellently well in this sister body.

THE CHAIRMAN: The report of the delegate to the American Public Health Association is now open for discussion.

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DISCUSSION

DR. R. WARNER: I knew this subject was coming up and I was much interested that it should come up, because I have been convinced for several years. I got the conviction in attendance at the meeting of the American Medical Association, that the usefulness of this Association along the present lines was altogether too limited, and its growth necessarily too slow, and that the more rapid enlargement of both membership and usefulness would come necessarily through the same plan, the same organization, that has brought to other similar associations their greatest usefulness. I do not recall a single national organization similar to the American Hospital Association, which has not adopted the sectional policy where those especially interested in some one subject might get together and talk freely of their particular work. A little start was made, I think it was two years ago, in having a dispensary section meeting. We had a whole session on dispensary work. Perhaps that has been done twice, I think it has been done twice, and being especially interested in dispensary work, I can certify that the results were most gratifying. I have been disappointed that that policy has not been continued. I have been disappointed that it has not been extended to other branches of work. I am disappointed this week in taking the matter before the staff of my own hospital, disappointed that the interest shown by the heads of the various departments was not more concrete. Their general interest was without question and some have attended some of our meetings, but there was no time at which I could not have kept them at home. That I believe to be wrong. There should have been some section that the heads of our various departments were particularly interested in attending, and I therefore see, as I have not seen before, the whole matter laid before an organization of a single hospital, and I believe it will be a distinct extension of the work of this Association to have sectional meetings as outlined by the previous speaker and perhaps others, at which the heads of the various departments would feel a direct, positive influence and an interest and attend—of course, they would attend, not to pay respect to the National Hospital meeting, but attend because they did not want to stay away.

MR. JOHN E. RANSOM (Chicago): Last year I had the privilege of meeting with a number of hospital people particularly interested in social service. I suppose most of you know that the social service people have been meeting two or three years with the National Conference on Charity and Corrections, and the question came up at this meeting of executives as to what the policy of those people should be in the future, as to whether it was best to form a separate organization of their own and hold an independent meeting, or whether to affiliate themselves with some other organization, such as the National Conference on Charity and Corrections, or the nurses' organization or this organization. I believe that they have decided since their last meeting at Pittsburgh with the National Conference on Charity and Corrections, to form an organization of their own and hold their own meeting each year. I am a bit sorry about that, because it seems to me that the social service department of our hospitals and dispensaries, meeting with this body, would gain a great deal and would give us a great deal. I believe that is true of other special groups closely related to this one. It seems to me that with the organization of sectional meetings in this body we would be bringing together a much greater number of people coming because of some special interest. I know dispensary

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men who undoubtedly would become members of this organization and would attend its meetings if more attention were given to their special problems. It goes without saying that it is not very likely that any very great space on these general programs could be given to social service or out-patient work, but with sectional meetings a more concrete discussion of the problems peculiar to each of these several groups might be brought out. I know it will increase the membership of the organization, and I believe it would be of value in two ways, in impressing upon the entire group the importance of the work of the more specialized group, and in giving to the specialized group knowledge of the general problems of hospitals.

Mr. Richard P. Borden: Facilities for just this sort of thing already exist in this Association; social workers, dietitians, and other heads of departments may become social members of this Association by paying dues less than the active members pay; they can come into this Association, form a section of their own, and still have a little bit of money to put into their own sectional needs, and, of course, in their sections they may become active members so far as the sections are concerned. More than that, if any particular section has some recommendation that it wants to bring before the general Association, if it adopt such recommendation, it comes before this Association with the force of a motion duly made and seconded, and is always entitled to consideration by the general assembly. Now all that is required is for people who are interested in these various departments to take the initiative, get ten of them together, form their rules and regulations for their sections, submit them to the trustees, and there is no question but what any reasonable rules and regulations will be accepted and they can go ahead with their sectional meetings and participate in the general meetings as they may choose. I personally agree that as this Association grows, there will be a great opportunity for sections considering various more intensive problems. I do not know what they would have done at this meeting, because I think most everybody here has wanted to stay at the general meetings. There have been things of interest to almost everybody who has taken the trouble to come and had the pleasure of coming to Cleveland, but that is not true of all our meetings. These are extraordinary times, and there is no question but that the time of heads of departments or organizations connected with hospitals could have obtained the benefit of the discussion of general questions by coming to these meetings and discussing their own particular problems in the sections. I am sure the members of the Association in general and the trustees in particular will be very glad to give whatever assistance may be in their power to the initiation and carrying out of sectional schemes.

Dr. Lewis A. Sexton: I do not believe that is thoroughly understood by the members of the Association. I remember that sessions were held by sections two or three years ago, but it has become obsolete and I think it would be wise for all the superintendents of the different hospitals to make this known to their subordinates and bring their coworkers with them with a view to broadening their conceptions of their particular branches. For example, I dare say that there is not 25 per cent. of the superintendents here who have their dietitians present, or their social service workers, and many other people of that type, and I think that this is a good opportunity to press that on all superintendents, the necessity of bringing these people to these meetings and making special features of those particular branches.

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MISS LULU GRAVES: There are a few dietitians present and dietitians have a kindred feeling with the social service workers. We would like very much to have a permanent organization and be identified as a part of this American Hospital Association. We feel that it would have all of the benefits that have been mentioned before, and we would be very glad indeed to be a part of it if this sectional plan is adopted.

MR. PLINY O. CLARK: There is absolutely no criticism, I am sure, on the part of any of us here, of the excellent program which you and your colleagues have prepared. We like it and are getting a great deal out of it, but it seems to me as if the thing which the officers, particularly the trustees, should now do is to themselves boss this thing and put it on its feet. They used to do it before they were trustees—before they had that high and mighty name; let them go ahead with it now. The machinery is already there. Each one of these sections will be glad to know of the sections if they are provided. It has always been my thought that everything associated with health work should be gathered around the hospital association meeting. Some general sessions and then the sectional meetings; not have to have a nurses' association and a health association and all these others, but to gather around the center of all that health work, as it is coming to be known, the hospital being the center for each community. I feel that there is no need of any further machinery. Just let these trustees take it right in their own hands and go right ahead and plan and we will each be there and see that our representatives are there. For instance, the trustees of our institutions hardly ever show up at these meetings except possibly somebody that is particularly interested, and we come here and talk about educating our trustees. Why, we can't do much of anything in that educational way compared with what they themselves could do if there was something prepared especially for them, a trustee section, where they could come and fight out their problems together.

THE CHAIRMAN: Is there any further discussion? I would not, for a minute, try to dissuade this Association from sections, because I believe they are exactly right. I would like, however, to call your attention to the fact that sections depend entirely upon the officers of the section and their ability to gather around them enthusiastic members, willing to work. I need not call your attention to the fate of the hospital section of the American Medical Association, conceived in the hope, I think, that if it did not obliterate us it would certainly equal us in a very short period of time. Those of you who are here and are members of that section know where it is now. I need not recall to the attention of the members of the Academy of Medicine, New York city, that the section on public health died a natural death for want of the proper spirit to make it live. I do not want in any way to dissuade you from the idea of sections; I believe in them thoroughly, entirely, wholly. The section upon dispensaries in St. Paul, of which Dr. Warner was the Chairman, if I am not very much mistaken, was one of the most successful meetings ever held in the American Hospital Association since I have been a member of it. The Board of Trustees this afternoon discussed very thoroughly this very question of sections. You have it in your power, Mr. Davis has it in his power, and Dr. Warner has it in his power to put the machinery in action that will give you a section on dispensaries next year if you wish it. Miss Aikens has it in her power to start a section on nursing. The dietitians can get together and have a section on dietaries without any trouble whatever, and the trustees will unquestionably meet them and provide the machinery, the legal status of the section, so that question is finally settled.

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You have the means, you have everything, but don't forget what I said about the spirit.

DR. A. R. WARNER: I do not like to return evil for good, but my plan to say what I am to say was made before your reference to that section that convinced me of the advisability of sections in this meeting. The hospital section of the American Medical Association is just where it should be. The American hospitals are not the tail to the medical profession's kite; they do not intend to be that, they won't be that, and they can't be made to be that, and therefore the hospital section of the American Medical Association is just where it should be, that is, forever dead. The American hospitals make use of the medical profession, should make use of the medical profession; but the medical profession has, in the past, too often made use of the hospitals. It is time we changed it; it is time the hospital became the school, the encouragement, the aim, and the means of developing the American physician, and it is not time, it is past time, and never will come time again, for the American physicians to feel that they can control and should control the hospitals of this country. The hospitals of this country are not doing their duty in the communities in which they exist if they are not an influence for the elevation of the profession. The medical profession cannot lift itself by its boot straps; it needs other forces to help it along, and those forces can be brought together and made potent in a well organized, proper hospital. That influence is being given, that work is being done, in many hospitals of this country today; it should be done in all.

MR. PLINY O. CLARK: I just have one word, that is, to refer to the success which one national organization has had in these sectional meetings, and that is The National Rotary Association, a national body of rotary clubs gathered together in their international meetings. They have sectional meetings, some 350, I think, this year, and every one of them amounted to something, and they did not have any particular machinery except a Chairman and Secretary; no program; they just got together and had a "free for all" discussion, and it was a power in that convention. That is what I mean in this body; let the trustees make whatever little provision is necessary for that machinery, and it will go right off itself.

THE CHAIRMAN: You are making a mistake; you are depending on the trustees to furnish the entertainment. The trustees furnish the machinery: the members make the wheels go around.

MR. MICHAEL DAVIS (Boston): As I understand it, the initiative rests with groups of members; the power lies in the hands of the trustees without any change in the constitution. It seems to me, however, that what was said by Dr. Sexton was very true, that the general plan is not understood by all our members. I also want to call attention to this fact; as I remember the section which you and Dr. Warner have both referred to, that section was not continued largely for the reason that it did not seem to some of those interested in it wise to continue a single section in the absence of a general sectional policy, and I do not believe

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that any one section can be continued unless there is a fairly general policy of having separate sections, because there must be a rule that no sectional meetings shall be permitted at a time when the general session is in operation, and vice versâ. It seems to me that the step to be taken would be to have sent out, in the next bulletin issued by the Secretary under the direction of the trustees, a brief statement worded as Dr. Walsh words his statements, explaining the sectional plan, referring briefly to the sections mentioned chiefly tonight, which are the nurses' end of the hospital, the dietitians' end, social service, dispensary work, etc., and indicating the procedure to be followed in that bulletin as usual in the "Modern Hospital," I presume, and that step would be a useful step, it would place the responsibility upon the members, and I have no doubt that a request for several sections would result. I would move, with the approval of the trustees—I would move this matter be referred to the business meeting for consideration.

The motion was seconded and adopted.

THE CHAIRMAN: The next paper is on the equalization of departments in accounting, by Mr. F. E. Chapman, of Cleveland. I regret to say that Mr. Chapman is not able to be here on account of illness, but his paper will be read by Dr. C. B. Hildreth, of St. Luke's Hospital, this city.

DR. HILDRETH: I am sorry that Mr. Chapman is not here to read his own paper, for the man who thinks a subject through and puts his thoughts into a paper is better prepared to present it. However, I shall do my best to bring out the points as he has written them.

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EQUALIZATION OF DEPARTMENTS IN ACCOUNTING

F. E. CHAPMAN
Cleveland, O.

The past few years have seen a very pronounced development in practically every line of endeavor, of the idea of securing, through study, a more efficient performance. It has truly been the régime of the efficiency engineer. In order to produce this more efficient result, careful analysis has been made of practically every operation entering into production, to determine what motions are essential, and what motions can be reduced or speeded up, either to increase the total production or make it a better one. The basis of all this study has been an accurate method of recording operations and movements, and the comparison of such records with those of previous periods. The results obtained in a great many instances are almost unbelievable. As a specific illustration. A motion study in a manufacturing plant conducted over a period of three years, increased the total production of that plant 42 per cent., increased the individual earning per capita 38 per cent., decreased the cost of production 10 per cent. with a decrease in working hours of from fifty-four to forty-eight hours per week. These records were made in normal times. It can be assumed that such a study would be more valuable under abnormal conditions. This is to specifically illustrate what can be done in the commercial field. Does it pay? If it can be done in other lines of endeavor, it is reasonable to suppose it can be done to a more or less extent in hospital administration.

The time has come when boards of trustees and the public are demanding a more efficient and economical operation of institutions. It is no longer a question of assumption as to what a given service may cost, but they are demanding to know whether or not they can afford to offer certain services at a given price, or whether the actual cost is greater than the rate charged. To know these things, a proper system of accounting and recording is absolutely essential,

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and after that system has been installed and is in operation, it is most essential that the administrating officers intelligently study the results of that system and learn to properly interpret increases and decreases. It is not necessary that an elaborate set of books be opened, in fact, a too elaborate system is cumbersome and requires too much time to balance and check and the results obtained are then secured so late for the period as to be of value only as a matter of statistics and not of study.

The bugbear of the average superintendent is the per capita cost. It is admitted that the cost per patient per day is not a fair comparison between different institutions, by reason of the fact that this cost per patient per day does not take into consideration the difference in services rendered as between one institution and another, but there does not seem to be any fairer comparison than this. If the time ever comes when hospital practice is standardized, then a more fair comparison can be made, as it will naturally follow that with the standardization of hospital practice, the standardization of hospital accounts will result. Each individual hospital offers its own problems, but there is no good reason why a fairly uniform classification of accounts cannot be determined upon.

Let us first consider the income accounts. The title of this paper does not permit of any elaborate discussion of these, but some reference should be made to them in a discussion of the distribution of hospital performance. These accounts should be watched just as carefully and an attempt made to analyze increases and decreases of same as is done with expense accounts. They can be very readily divided under ten headings, as follows:

1. Board of patients.
2. Board of nurses.
3. Operating room.
4. Anesthesia.
5. Laboratory.
6. *X*-Ray.
7. Drugs.
8. Out-patient.
9. Emergency service.
10. Miscellaneous.

It requires but little additional effort to segregate income in this manner. To these can be added donation accounts and such other accounts as may be considered a part of the operating income.

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Now as to expense accounts: It is self-evident that the larger the institution and more extensive the performance, the greater the number of subdivisions of accounts in order that the various operations may be more carefully scrutinized. A basic classification should be determined upon and established, and then as many different subdivisions of the general classification made as are necessary to properly analyze results. Below is given a division of fifteen general classifications of operating expense.

1. Administration.
2. Professional care of patients.
3. Nursing.
4. Surgical and drugs.
5. Anesthesia.
6. Laboratory.
7. *X*-Ray.
8. Dietary.
9. Commissary.
10. Housekeeping.
11. Laundry.
12. Heat, light, power.
13. Maintenance and repair.
14. Out-patient.
15. Miscellaneous.

A very definite policy should be established as to what are to constitute charges to expense accounts. It is to be assumed that if there is sufficient interest in the financial performance of the institution to warrant the establishment of a proper system of distribution, that interest will demand that the expense accounts show a complete record of the expenditures in every detail. Expense accounts should show the gross amount expended in any given department. They should in no instance show the net expenditures as between the actual expenditure and receipt from endowment, from income, or from any other source. This is a point that should be definitely outlined in the accounting policy.

There are three different general methods of distributing hospital expense that seem to be in general use at this time:

First: The paying of all bills as they mature and charging the total amount to a general expense account.

Second: The payment of all bills at maturity and charging direct into a classified expense account for the month in which the purchase is made.

Third: The charging of all bills into Stores account and

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the distribution of the expenses upon the basis of actual amount used during a given period.

Scheme No. 1 is of practically no value from the point of view of the superintendent. It is true it shows the total amount of money expended and is a basis for figuring the per capita cost, but it will not give you the actual per capita cost for any given service for a given period.

Scheme No. 2 is hardly of greater value for the same reasons. To economically purchase hospital supplies there are times when several months' supplies of different commodities must be bought, and it is not fair to charge into any given period's operation the total cost of supplies purchased when, as a matter of fact, those supplies are not used, but are an asset to the institution and are held in store for future consumption.

Scheme No. 3 is to my mind the only equitable method of distributing hospital expense. This scheme necessitates classifications of your storeroom supplies into identically the same classifications as your financial accounts and the taking of inventory monthly. All commodities received during the month should be charged into the inventory accounts, and the difference between the inventory as of the first of one month, plus the receipts for that month, minus the inventory as of the first of the following month, should represent the total expenditure for that particular classification for the month. The taking of this inventory is not the burdensome thing that one would suppose. By the proper distribution of your commodities in the storeroom and the proper method of receipts and disbursements kept up daily, the actual financial inventory can be taken in eight hours in the average storeroom.

Of prime importance in a system of hospital disbursements is an absolute control of the distribution of supplies. Too much stress cannot be laid upon the importance of knowing definitely where every article goes to. This can be accomplished only by a proper system of requisitions, these requisitions to be properly checked and supervised by some one in authority. The promiscuous issuance of supplies without proper supervision results in more waste in hospital administration than any other one feature. The following is an outline of a system of distribution that has proved satisfactory with a very small amount of personal effort necessary to keep it in effect.

A definite weekly supply day is established for the entire institution, and all the departments of the institution instructed to gage their requisitions for a week's supply only.

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Requisitions are sorted so that those for all surgical supplies, all housekeeping supplies, all dietary supplies, are assembled. This is to facilitate charging in the storeroom. These requisitions are collected and brought to the superintendent's office the evening before the supply day. They are carefully scrutinized and approved.

These requisitions are then filled, the price of each commodity affixed, and the total amount of the requisition carried on the bottom of the page. In the storeroom there is a specially ruled book with a sheet for every commodity in the storeroom, this being a loose-leaf book, each sheet being a perpetual inventory of the commodity in question. These sheets carry the purchase date, purchase order number, firm from whom bought, remark column, quantity, and price column for amount on hand, column for the amount disbursed, and series of columns showing all the important departments of the institution, such as each individual ward, main kitchen, diet kitchen, housekeeping, and laundry. To illustrate: Requisition No. 602, to Armour & Co., issued October 1st for 500 bars of laundry soap. In the On Hand column this would show 500 bars of soap. On the sixteenth of the month Ward A received 4 bars, B, 6 bars, housekeeping, 24 bars, main kitchen, 25 bars, or a total of 59. This total of 59 would be carried in the disbursed column and subtracted from the amount on hand, leaving a balance on hand of 441, which would be your inventory at the end of this supply day. This system can be carried through for the entire month, and the On Hand column used as a basis for your inventory figure on the last day of the month, simply by multiplying bars on hand by the unit price of the bar which is established on the line showing the purchase. Exception to the weekly supply day is made in the kitchen as they receive their supplies daily, but the same principle applies as in the other departments of the institution. In the kitchen there are a great many commodities that are not kept in the storeroom but are charged direct. These supplies are received by the storeroom, however, and the record of their receipt and issuance kept in the storeroom and not in the kitchen. This, of course, does not exclude issuance of special requisitions for emergency supplies, which can be obtained at any time.

In distributing expense as between the basic subdivisions, every effort should be made to disburse all items properly. Do not charge the total salary of an assistant superintendent to administrative expense when, as a matter of fact, a

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large proportion of his time is consumed in buying. Do not charge your total stationery account to administration. Medical forms, etc., are not truly an administrative expense. If you have an anesthesia account, see to it that all drugs and supplies used in the giving of anesthetics are charged to this account. See that a full charge is made to the *x*-ray department for all drugs, electricity, etc., used. In other words, strive to make your classifications represent the actual cost of operating each department.

In the distribution of expense from the superintendent's point of view the essential thing to know is what is the cost of each producing unit. The ward unit performance being the commodity dispensed by the hospital, it is the production cost of that unit that is desired, and any system of distribution must strive to show as nearly correct as possible the actual cost of ward operation. Your administrative cost, your laundry cost, your cost of heat, light and power is as much an integral part of the cost per patient on a given division as are the supplies used on that division. For purposes of record and account, such a distribution is not always feasible or desired, as the individual cost per unit is not of sufficient interest to a Board of Trustees to warrant such a classification. The Board of Trustees is primarily interested in knowing the total administrative cost, the total cost of handling the laundry, the total cost of drugs, etc., and are not interested in knowing how much of this total each division consumes. This, however, is what the superintendent should primarily be interested in and for this reason a separate and distinct classification should be kept by each superintendent.

General expense accounts such as administrative, laundry, etc., should be divided as between the producing unit on a per capita basis. Labor expended should be divided on the actual basis of the expenditure for the division. This can be accomplished very easily and quickly by a classification of your payroll each month. Supplies used should be charged direct to the division that they are issued to. This can be very easily determined by a total of your requisitions. The cost of food should be pro-rated on each division. The cost of *x*-ray service, laboratory service, operating-room service, and kindred services should be divided either on a per capita basis or on a percentage of the total expense proportionate with the amount of work done. After this distribution has been made, and as one of the reasons for making it, the results should be brought to the attention of those responsible for the expenditure. It is

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rather interesting to note the energy expended by various head nurses in an effort to bring their expenditures for a given classification below the expenditures of a similar division to their own. Very marked showings can be made in this manner if handled correctly. It is also interesting to call attention of various divisions to comparative expenditure, calling attention at the same time to the comparative patient day performance of their divisions. This is another means of securing coöperation of the personnel of the institution. Take them into your confidence and show them what it costs to run an individual unit, and there is not a question but that a greater effort will be made to get an economical operation.

Any system of cost distribution that is installed requires a very careful handling, to establish in the minds of all the importance of accurate segregating of expenses and after the results have been obtained, in order that it may be of economical value to the institution, it must be studied carefully from every angle in order to obtain any results. Due consideration must be given to each classification and it is advocated that a detailed explanation of increases and decreases be given for each account. Consideration must be taken of the number of patient days for the period as compared with previous periods. Increases in cost of foodstuffs, increases or decreases in cost of surgical supplies, in fact, every item entering into various performance, should be considered. If these explanations are made, filed and studied intelligently, during succeeding periods, it cannot help but react to a better administered institution from every point of view.

THE CHAIRMAN: Mr. Chapman's paper is now open for discussion. If there is no discussion, I would like to make an announcement before you leave. Tomorrow afternoon's program will be conducted tomorrow night, beginning at 8 o'clock sharp. Remember that there is to be a luncheon at Mt. Sinai Hospital tomorrow afternoon at 1 o'clock, which means that the sessions of the morning must be completed at 12. The large hospital section in this room will be presided over by Dr. Warner; the small hospital section will be presided over by the president, and I think both of us will insist that the discussions be limited to five minutes, and that the discussion be to the point and not around it. The Chair has been very liberal in the matter of the discussion, believes in it, thinks it is the only way to do. I told you in the beginning we were not going to stick for

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parliamentary law, but tomorrow morning I feel that it will be necessary for us to limit the discussion to five minutes, discussion to the point, and it will be very well if those who discuss would define in their own minds what they are going to say before they say it.

The meeting then adjourned.

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LARGE HOSPITAL SECTION

THURSDAY, SEPTEMBER 13, 1917, 9 A. M.

Conducted by DR. ROBERT J. WILSON

OIL AS FUEL

JOHN M. PETERS, M.D.
Superintendent Rhode Island Hospital

In most institutions the cost of fuel used for heating, power, and light is the largest item except that of payroll in the current expense account. The cost in a given institution depends on many factors:

The location in relation to the source of supply.

The character of buildings, whether of group or isolation type, one or multiple stories.

Whether the fuel is used to generate electricity for light and power as well as for heating.

Whether exhaust steam from engine is utilized. On the pressure of steam, character of piping, use in laundry, kitchen, on system of heating used, whether direct or indirect, etc.

Up to within a comparatively few years coal of different kinds and grades has been the almost universal fuel. Although petroleum has been used for centuries for different purposes, it was not until 1859 when the first producing well was drilled in Pennsylvania that its commercial possibilities became well known. In that year the total yield of petroleum was only 6340 barrels. Since then oil has been discovered in all parts of the world, and in 1915 the production was 426,695,347 barrels, of which the United States produced 306,484,728 barrels, or 72 per cent.

The countries producing the largest amounts in 1915 were:

1. United States.
2. Russia.
3. Mexico.
4. Dutch West Indies.
5. Roumania.
6. India.
7. Galicia.

Oil was not produced commercially in Mexico until 1909, but in 1916 the production was 40,000,000 barrels, and the country is said to contain the largest oil-fields in the world.

The development of the production during the last few years of a large supply of petroleum of a heavy gravity and

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asphaltic base in California, Texas, Louisiana, Oklahoma, and Mexico, has been the cause of this unusual development in the use of oil, not only as fuel, but for use on roads, roofs, etc.

These oils contain 10 per cent. to 50 per cent. of asphalt and a smaller proportion of lighter hydrocarbons, and the residue after partial distillation represents a large part of the original crude oil which is suitable, so far as is now known, only for fuel oil, road oils, asphalts, and their by-products.

Although crude oil is used as fuel in some places, especially in the oil regions, greater precautions to safeguard in its use, because of its low flash-point, must be taken.

Fuel oil is more satisfactory and safer for burning purposes than is crude oil, because by its partial distillation the light and highly inflammable products, together with the water which invariably is found with crude oil, have been removed.

Oil that is properly distilled can be used as a fuel when storage tanks and oil-burning equipment have been properly installed, as safely as can coal.

To discard all steam-generating equipment and install other types of power units is out of the question, but a change of fuel or rather ability to change readily from one kind of fuel to another when advisable is possible and deserving of serious consideration by every power-house operator. The logical and practical substitute for coal is oil, and with these two practical fuels to be obtained in many localities, it is well for the management of every power-house so situated to consider the advisability of being able to change from one to the other.

Oil as a fuel has long passed the experimental stage, for every type of steam generator—on rail, afloat, or stationary—has been economically, satisfactorily, and efficiently operated on oil as well as on coal. In fact, under some conditions oil has entirely superseded coal as fuel, and the absence of standby losses daily adds to the triumph of oil. The oil supply as yet is limited, however, and cannot be counted upon at all times in all markets—the fluctuations in price of oil until recently being greater and more sudden than those of coal. As an auxiliary fuel—one that is made use of only occasionally in emergencies—it may be found convenient and economical.

In order to create a ready sale for oil it has become necessary to develop a fuel-oil market, and to do this the oil companies have built large storage stations in the principal

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ports of the United States where fuel oil could be brought directly from the oil-fields to pipe-line terminals in large tank steamers.

It is now possible to obtain fuel oil in nearly all the large ports of the United States. This has assured the manufacturers and steamship operators of a constant supply, and in order to make the proposition still more attractive some of the oil companies offer long-term contracts of from three to five years at a fixed price.

In order to utilize the heat value of fuel oil it must be changed from a liquid into a spray consisting of fine particles of oil floating in and surrounded by air. In this condition it can be easily ignited and the value of the oil as a fuel will be directly proportional to the fineness of the spray. Each particle of oil must be supplied with the necessary amount of air so that a complete union may result when the temperature is raised to the ignition point, the resulting product being carbon dioxide, water, and other oxides, if sulphur is present.

A great waste of fuel will result if the proper mixture of air and oil is not secured and constantly maintained. If too little air is admitted to the furnace, more or less heavy smoke will be produced, but if too much air is admitted, it cannot often be detected by the eye, but there will be a corresponding loss in the heating value of the fuel.

It is, therefore, a matter of great importance that the exact amount of air for combustion be admitted to the furnace along with the oil spray, so that the maximum heat value in the oil may be obtained.

Installation of an auxiliary oil-burning system necessitates only a few minor alterations to the ordinary coal-burning steam plant, the addition of the necessary piping and but little mechanical apparatus. The burners themselves should be located in the furnace door, either in openings cut in the regular door to admit them, which can be closed again when coal burning is resumed, or else in extra furnace doors of firebrick for use only when burning oil. The balance of the equipment consists of the reservoir or oil tank, which should preferably be located underground and away from the boiler room; apparatus for pumping the oil from the reservoir, for subjecting the oil to pressure before it is delivered to the burner, and means for preheating the oil, all which operations may be performed by one piece of mechanism situated in a convenient location in the boiler room; a steam connection for vaporizing the oil; and the piping necessary for connecting up the system.

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The steam connection consists simply of a pipe from the top of the boiler to the burner with a reducing valve along the line, before it is delivered to the burner through the regulator. The regulation of oil and steam at the burner is often accomplished by simple hand valves forming part of the mechanism of the burner, but automatic regulators which control the amount of steam and oil as the load varies are more dependable. The admittance of air to the combustion chamber takes place through the firebrick covering necessary to protect the grates and exposed metal parts of the combustion chamber from direct contact with the flame from the burners, and should be only rapid enough to assure proper combustion.

The first question that naturally presents itself to the power-house operator is: For the generation of steam, when is oil as economical or more economical a fuel than coal? It is upon this point that the "evident" wisdom of an auxiliary oil-burning system depends. "Evident" is emphasized, for other points pertaining to the elasticity and convenience of a plant equipped to operate on two fuels, while less obvious, are important. To analyze the "evident" points, the average total cost of developing one horsepower —including all expenses of operation, maintenance, and the burden of interest on original outlay, taxes, and insurance on equipment—for a plant developing 500 horse-power has been ascertained—first, for a coal-burning plant; second, for a plant burning coal, but equipped to burn either coal or oil; and third, for such a combination plant burning oil, but equipped to burn coal.

It has been shown that, in a plant equipped to burn either coal or oil, oil at 2.6 cents per gallon is as economical a fuel as coal at $2.60 per ton, and that a coal-burning plant could deliver power at such a rate only when coal was less than $2.76 per ton.

It is true that the addition of oil-burning equipment to a coal-burning plant adds to the burden of interest, taxes, and insurance, but this increase is comparatively small,—equivalent to adding 6.18 cents to the price of coal per ton, —and may be taken care of by a judicious purchasing agent taking proper advantage of the usual spring out in the price of coal when placing coal orders, and purchasing fuel oil when that commodity is procurable at an attractive figure, and by an economical operator who works with the purchasing agent in keeping the expense for fuel at a minimum—operating on oil when advisable and vice versâ.

Inasmuch, therefore, as the initial outlay necessary for

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equipping coal-burning furnaces with auxiliary oil-burning apparatus is inconsiderable; as the average cost of one fuel amounts to about the same as the average price of the other in many localities; as there is no increase of labor required for oil burning over that required when using coal as fuel—on the contrary, a considerable saving may be made in the payroll; and inasmuch also as almost invariably oil may be obtained at some time during the year as readily and advantageously as coal; there would then seem to be no reason why any plant need experience a shutdown from that state of affairs so much dreaded at the present time, namely, a shortage of coal.

Plants which would show the greatest saving by adopting fuel oil come under the following classes:

1. Plants where the cost of coal handling is high. This may be due:
   (*a*) To the location of the plant in respect to tidewater or railroad delivery.
   (*b*) To inadequate coal-handling machinery or where its installation would not be justified by the saving effected.
2. Plants that have a high fire-room labor cost.
3. Plants which have limited boiler capacity or their capacity limited by their stack area.
4. Plants located in districts where smoke ordinances are strict.

These savings are clearly illustrated by considering the following advantages obtained by the use of fuel oil:

1. (*a*) Higher efficiency, due to more perfect combustion with less excess air, and, accordingly, less heat lost up the stack; (*b*) a more equal distribution of heat in the combustion chamber, as the fire-doors do not have to be opened; (*c*) more heat absorbed, due to the clean condition of the tubes.

2. No cleaning of fires is necessary which enables the boilers to be operated at their maximum capacity continuously.

3. A reduction in the cost of handling fuel, as this is done mechanically or by gravity. No expensive conveying or elevating systems are necessary, as fuel oil is delivered by either pumping or running the oil by gravity into the fuel storage tanks. This not only is an economy in the cost of handling fuel, but also in the first cost of a plant.

4. Reduced cost of maintenance. No firing tools or grate-bars are necessary, and accordingly the furnace lining and brick work last longer. The burning out of grate-bars

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in a coal fire, especially when automatic stokers are used, is a constant source of expense, as is also the damage to furnace linings caused by the use of firing tools and the removal of clinkers.

5. Absence of coal-dust, dirt, and ashes, which enables the boiler-room to be kept clean, and accordingly reduces the wear and tear on pumps and other machinery; also the cost of handling and removing ashes is entirely eliminated.

6. Ease with which fires can be regulated from a low to a most intense heat in a short time. The use of fuel oil enables the engineer to leave his plant standing cold to within a short time before the boilers have to be cut in on the line. The burners are then lit, and in a few minutes the boilers will be at full working pressure. Fluctuation in boiler loads can be taken care of on a moment's notice by simply turning the oil and steam valves, and as soon as the demand ceases, the fires can be at once turned down to normal or extinguished entirely, as the occasion demands.

7. Saving in labor of all kinds,—firemen, coal-passers, and ash-handlers,—as only one fireman is required to operate from 10 to 15 boilers. An example of this economy is well represented in a large plant in New England equipped with 15 Babcock and Wilcox boilers, aggregating 5500 horse-power, which operates three eight-hour shifts per day. When burning coal, 63 men were employed in the boiler-room, but after the plant was converted to fuel oil, this number was reduced to 7.

8. Great increase in boiler capacity, depending on the grade of coal used and the draft conditions. Generally from 10 to 15 per cent. increased capacity can be obtained by using fuel oil, and as the stack area required for burning oil is only 60 per cent. of that required for coal, 40 per cent. more power can be developed from the same stack.

9. Absence of smoke. The increased attention given to smoke laws by the various boards of health throughout the country has made the producing of smoke in a plant a serious question. In a properly handled oil-burning plant smoke is eliminated entirely, except in a few cases when the stack will smoke for a short period while the burners are being started up from cold.

In the last fifteen years many patents have been taken out on various types of oil burners, but disregarding the small structural differences between them, they can all be brought under three distinct classes, each of which has its own particular field; these are:

1. Steam jets which use steam as the atomizing agent.

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2. Air jets which use compressed air.

3. Mechanical, which use neither steam nor air but break up the oil by heat and pressure and the mechanical construction of the burner.

In order to obtain high efficiency with fuel oil, not as much depends on the type of burner selected as the manner in which the oil-burning equipment is installed and operated. Therefore the work of equipping a plant for fuel oil should be left only to those who have had extended practical experience in the burning of oil under all types of boilers.

In nearly all fuel-oil installations under stationary boilers steam is used as the atomizing agent. Experiments have shown that it takes practically the same amount of steam to operate an air compressor for supplying compressed air for atomizing as it does to atomize the oil direct with steam, and the additional investment and upkeep involved make its use impracticable for general boiler practice.

The chief requirements for burning fuel oil efficiently are as follows:

First: The oil must be thoroughly atomized.

Second: After being atomized, it must be brought into intimate contact with the requisite quantity of air for its combustion, and this quantity must be at the same time a minimum to lower the losses in the stack gases.

Third: Combustion must be complete before the gases come in contact with any fire-brick or boiler-heating surface.

Fourth: There must be no localization of heat in the furnace.

Fifth: Bridge walls and target walls should never be used.

Sixth: The furnace should be designed to give depth and volume, which are determining factors affecting furnace efficiency and capacity.

Seventh: A fish-tail flame-burner is most satisfactory, as it spreads out the oil in a thin sheet and provides for the most economical use of air for combustion.

Eighth: The oil should be heated to the correct temperature before it is atomized, this temperature varying with the particular oil used. If the oil is heated above its fire point, it will disintegrate and carbon will be formed which will tend to clog up the burner, and if the oil is not heated sufficiently, perfect atomization will not be obtained and imperfect combustion will follow:

One of the most important questions in the combustion of fuel oil is the regulation of the air supply. In a properly designed furnace the grate-bars are removed and a fire-

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brick floor with carefully planned air openings is laid on pieces of 2-inch pipe extending across the fire-box. The air supply is admitted through these openings in the furnace floor so that it will come in close contact with the atomized oil, and perfect combustion will take place before the gases come in contact with the heating surface of the boiler.

The required amount of air should be regulated by opening or closing the stack damper, and not by opening or closing the ash-pit doors, which should be left open at all times. Regulating the air supply is generally done by hand, but a more satisfactory and economical way is by the use of an automatic damper regulator, which is operated by the gas pressure in the furnace. When a change in the gas pressure occurs, the regulator operates the flue damper in such a way that it counteracts the change in pressure, tending, therefore, to maintain a uniform pressure in the furnace chamber for all rates of combustion.

A perfectly clear stack indicates excess air, whereas smoke indicates a deficiency. With properly designed furnaces the best results are secured by running near the smoky point. A slight variation in the air supply will affect furnace conditions in an oil-burning boiler more than the same variations where coal is used, and, therefore, particular attention should be paid to this point.

Fuel-oil installations should be, as far as possible, in duplicate. Since all the burners are connected on one main feed line, cross connected duplicate pumps should be installed, so that the shutting down of one pump for repairs or any other cause will not necessitate the closing down of the plant.

Under favorable conditions 1 pound of oil will evaporate from 14 to 16 pounds of water from and at 212° F.; 1 pound of coal will evaporate from 7 to 10 pounds of water from and at 212° F.; 1 pound of natural gas will evaporate from 18 to 20 pounds of water from and at 212° F.

From many tests made in New England mills it has been found that 4.2 barrels of Mexican oil are equivalent in heating value to 1 long ton (2240 pounds) of Pocahontas coal.

Although a fair idea may be obtained of the comparative cost of coal and fuel oil by making certain assumptions in regard to heat values, gain in efficiency, saving in labor, still this will not enable one to figure the exact saving which can be made by changing from one fuel to the other. The reason for this is that the saving may often depend to a large extent on other things than the cost of fuel and the

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saving in labor, such as increased capacity facilities for fuel storage, advantages of pumping fuel oil over methods of handling coal, saving in banking fires, elimination of smoke and dirt—all of which will generally show a saving that cannot be figured out in advance in dollars and cents, but would in many cases throw the ultimate cost decidedly in the favor of oil. The only way to determine the exact saving is to operate the plant with each fuel for a period long enough to get accurate data on all items entering into the question.

At the Rhode Island Hospital, for nearly twenty years or more, Pocahontas, a high-grade bituminous coal, was used until August, 1916, when, through the wisdom and generosity of its President of the Board of Trustees, an oil-burning equipment consisting of a Worthington duplex pump, a storage tank of 25,000 gallons capacity, placed under ground 40 feet from the boilers, were installed and the simple necessary changes made in the fire-box for placing the Hammel burners were made.

The cost of the whole equipment and the necessary changes was about $4500, and the installation and changes made in summer, when only a small part of the plant is in use, did not compel us to shut down our plant at any time.

We have used the Hammel oil burners and purchased our oil from the Mexican Petroleum Company, and the cost for fuel (at $1.15 per barrel of 42 gallons, for ten months, October, 1916 to July, 1917 inclusive, was $14,549.27 as compared to $12,963.62 for the preceding ten (10) months, when Pocahontas coal at an average cost of $4.40 per long ton was used.

As regards the prices quoted above as paid for fuel, a contract for a five years' supply of oil was made when it was decided to use oil as fuel, and the price paid for Pocahontas was unusually low, because of certain favorable purchasing conditions,

If we were using coal instead of oil this past year, the cost, of course, would be enormous. As regards other advantages, we have had no complaints from the smoke inspector; we have saved the carting of ashes, we have much cleaner boiler and engine rooms, and have had less damage to our power plant. We have much less soot and dirt in all parts of our buildings and, therefore, less cleaning and less wear.

We have two strings to our bow; We can change from the use of one fuel to that of another in twenty-four to

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forty-eight hours in case either fuel cannot be obtained or in case the price of one is prohibitive.

Our boilers were made by the Babcock and Wilcox Company, and are of 550 horse-power capacity. With the use of coal their capacity was strained in very cold weather, and if additional buildings were added, it would be necessary to increase our boiler capacity, and this, in our case, would have meant the expenditure of a large sum because of the necessity of erecting an addition to our boiler-room and making some very important structural changes which would have cost dearly.

With the use of oil we feel that we have gained at least 33⅓ per cent. in heating capacity, and when a boiler which has been in use twenty years or more is replaced by a larger one of a more modern type, we can easily furnish steam enough to care for the needs of several large additions to our plant.*

* Most of the subject matter of this paper was taken from papers written by experts in the use of oil as fuel, and I wish to make acknowledgment especially to Frederic Wing, Engineer of the Mexican Oil Co., from whose paper, "Fuel Oil for Stationary Plants," read before the A. S. M. E. in Boston recently, I have drawn very freely; to W. F. Ross, of the Hammel Oil Burning Equipment Co., and to editorials and papers published in the magazines *Power* and *Practical Engineer*.

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THE HOSPITAL A TEACHING INSTITUTION

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A teaching hospital is one that offers to medical students, physicians, and nurses the greatest opportunity for study consistent with good care for its patients.

A teaching hospital differs in many ways from the non-teaching. A successful institution for the care of the sick cannot in a day be turned into a successful laboratory for medical students. The aims of one are far different from the aims of the other, and it takes years of adjustment and changes in organization and equipment before the final touches are applied. One seeks to lead in the world of medical improvement and science—the other merely follows. When the object of an organization is only to care for the sick who apply for relief, it naturally develops in no other way. Its doors are thrown open to many of the reputable physicians in the community, and in some instances to all registered physicians, with the idea of encouraging these men to send their patients to the hospital. Is it not a mistaken idea that they are doing the greatest good to the greatest number? In most of the non-teaching hospitals the training school is considered as a necessary adjunct, and develops according to the local needs, seldom with the idea of maintaining a model school for nurses. Development is apt to be in a one-sided manner, surgical cases predominating. New methods of administration, treatment, etc., are used only after the development work and experience have been gained in an institution where study and research are carried on systematically.

The organization of one is apt to be loose and disconnected. The trustees are often chosen on account of wealth or social prestige, and appointments to the staff as a result of large private practices, social and political influence. In the teaching hospital the organization is built up carefully. Trustees are selected because they are leaders in philanthropic and educational work. Appointments to the staff are made for ability. The superintendent and the principal

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of the training school are selected because they are in sympathy with the development of higher education and not because they are willing to submerge their ideals to carry out the wishes of an unwise and penurious board. New medical men of ability coming into the community are sought rather than repulsed, and oftentimes vacancies are left open for long periods waiting for men of the right caliber to fill them.

The two institutions differ in the character of their patients. One caters to a large private room clientele in order to earn its existence, the other to a large ward service for possibilities of study, seeking the necessary amount for its maintenance from those private individuals who have sufficient means to contribute to the relief of their less fortunate neighbors.

In the non-teaching hospital there is no incentive for the attending men to group together large numbers of cases and report results excepting for an occasional "County Society" medical meeting. The stimulus of an alert student body is lacking. Scarcely ever is time used in demonstrating to the interns or following up by an autopsy the clinical findings. In other words, the work is prone to reek with commercialism, and the authorities allow physicians to charge fees, not only to those who are paying more than the cost of maintenance, but also to those who are taken care of at a loss in the public and semi-private wards. The end results of the one method are not always commendable. The case in question is worked out by a single individual with few, if any, notes or records, while in the other a clinical team is used and it is the rule to consult with all the other specialists rather than the exception.

It is recorded that the first step taken by any hospital toward teaching was in 1762, when the Pennsylvania Hospital founded a medical library. Although Pennsylvania Hospital was founded so that the student "must join example with study," it was not until later (1765) that, through the efforts of Thomas Bond, bedside instruction was given. The New York Hospital in 1776 did the same, and although it is well known that a library is as necessary to a medical student as a stethoscope, there are hundreds of hospitals today without one, and no funds available for even the ordinary medical journals. After the establishment of libraries it was only a short step to allowing the apprenticed student to follow his preceptor through the wards, providing the preceptor had such privileges himself. For over a hundred years the method of teaching was

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practically a disgrace. Schools were run as diploma mills. Advertising and a laxity in preliminary requirements kept the student body large. Hospital bedside training and clinical laboratory work could in most instances be obtained only after graduation. The positions as interns were much sought after and hard to get. There were no standards of curriculum or of time. Lectures and recitations were the only method of instruction, and laboratories scarce, ill-equipped, and rarely used. Many schools existed without any connection to a university or college, and others who advertised as parts of such were oftentimes bound together by the weakest of bonds. The parent institution was not sponsor for the finances or even acquainted with the opportunities offered, but a group of physicians who divided the fees and encouraged the students, after graduation, to send for them as consultants, were in complete charge of every detail, although the university or college allowed its name to be used.

During the last ten or fifteen years the standard of medical education has advanced. In many instances the first two years' teaching has been in university laboratories and by university professors. The contrast between these exact methods and the methods in vogue for the last two years' clinical work was so great that the authorities were aroused to their responsibilities. The severe criticism of the Carnegie Foundation also brought many of them to an abrupt halt. Dartmouth Medical recognized that without clinics, large and well-equipped, the last two years could not be taught. It is fully understood that the last two years of medicine must bear as intimate a relation with the hospital as the first two years bear to the physiologic, chemical, biologic, and dissecting laboratories, and that no greater stress should be laid on the first two years' laboratory work than on the last two years' clinical hospital medical school work. Whereas a hospital can thrive without a medical school, the reverse is not true. The last half of a medical student's work should then be done in a "Hospital Medical School."

Is it not possible that the chaotic conditions existing between hospitals and medical schools, as shown by the Carnegie Report of 1910, were in a great measure due to unsympathetic superintendents who had allowed themselves to live in a narrow groove, and had not tried properly to influence their trustees to see this duty and the advantages it would bring?

It is just as much the duty of the superintendent to

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educate and train his trustees for the benefit of his institution as it is for the general manager of any mercantile business. Do our boards employ us merely as errand boys to carry out their ideas, or do they desire us to show some initiative?

An institution which has been under the control of one executive for a period, say, of ten years, reflects very clearly his attitude, and if, after this length of time, he looks back and sees that his board is not following him, but he is following them, he can truly say he has failed. I remember well the advice of a friend when once I was assuming a new position. "Learn their methods. Do not try to introduce new things at once. It may be that they have good reasons for the different way in which they conduct their affairs. The ideas you think are new may have been tried fifty years ago and found impossible. Drop in without making a splash, and after you are in grasp one thing at a time. Work hard and long until you know every detail and your board know you. After you are no longer new, you will be better able to weather any storm of opposition which appears when you try to introduce beneficial changes."

Although the past is blotted as regards hospital teaching, the present seems fairly bright. In the first place, there are fewer medical schools and those that have survived have materially raised their standard of admission and teaching. Students are no longer diverted by glaring advertisements from mechanical trades which they have started to learn. State legislation all over the country is tending toward better preliminary education and even toward a compulsory fifth year to be spent in a hospital. This condition will be ideal, for then no longer will the medical school, with wholly inadequate facilities for turning out properly trained physicians, be able to inflict on a long-suffering community men who must get their medical education after they have graduated. Then, again, students who have graduated from such an institution will not find afterward by bitter experience that, although they have spent their time and their money, they have failed to receive competent instruction and experience. Can you imagine the feelings of a young physician after spending four years in connection with a poor teaching institution on finding out that he has been given the most meager kind of an opportunity and is not qualified by instruction he has received to be on a level with men who by chance attended a medical school connected with a reputable university with every facility for teaching?

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The time is rapidly approaching when all hospitals are to be standardized and inspected regularly by competently trained men, and this is as it should be, particularly as regards teaching institutions, as it should be thoroughly understood by the general public what their rating is, as compared with other hospitals offering their wards for teaching purposes.

Now that all agree that the teaching hospital, with its wards and dispensaries and varied clinics, is necessary for the last two years' instruction of a medical student, there are a great many affiliations being made between hospitals and medical schools. In some cases a university or college has founded its own hospital, in which the professors teaching certain subjects have complete control of the clinical material in the wards and dispensaries of the hospital. In other instances gentlemanly agreements between boards of trustees of the two institutions are being made, which effect the same purpose so long as the clinical material is absolutely under the control of the teaching staff. In this form of union it means that the Dean of the medical school and the superintendent of the hospital must be of the same mind, otherwise there is little chance for success. The superintendent and his board of trustees must know that a teaching hospital is much more expensive to run and the per capita cost of caring for patients is higher. A broad-minded executive will readily see that the benefits derived by using the wards for teaching purposes and the laboratories for research work are so great as to warrant this increase in the expenditure of money.

While every hospital cannot be connected with a university medical school, each can in a way become a teaching institution and gain a great many of the advantages of having a large student body using the clinical material for study. Each hospital, no matter where situated geographically, should be the center of teaching to which the men in the surrounding country turn when they wish to increase their experience or carry on some research work. The laboratories of these smaller institutions should be equipped adequately, and the men in charge of the different services, such as medicine and surgery, should build up clinical teams composed of men practising in the vicinity who are anxious to devote some portion of their time each day to hospital work, with the idea of keeping abreast of the times. It ought not to be compulsory for men to leave their private practice and come to the large cities for six weeks', three months', and six months' courses of post-

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graduate instruction when a hospital in their own neighborhood can offer them the same advantages, possibly not in the amount of material, but by allowing them to come in closer contact with the cases. Such opportunities given to men who have no appointment in local hospitals would tend to do away with the bitter feeling which exists between those who are successful in securing appointments and those who are not. By this method the surgeon or physician on his daily rounds would welcome visiting men of the community, and without interfering with the opportunities of the intern be able to give the local men instruction and work to do which would be of benefit to them and make them better diagnosticians, etc.

Let us sum up the benefits to be derived from a teaching hospital not to be had in a non-teaching hospital.

When I was asked to prepare this paper I had already been interested in this subject for about three years, as a result of an effort on the part of our institution to develop its teaching side. It so happens that the board of trustees of the Albany Medical College, connected with Union University, and of the Albany Hospital are interlocking, and the men most thoroughly interested in one are also most interested in the other. As a result a survey of our institution was made by Dr. Winford Smith in November, 1916, during which survey he outlined a program of development to cover five years. Some of this preliminary work, such as raising funds, etc., necessitated correspondence with men well known in hospital life throughout the United States, and by quoting extracts from their letters I am able to sum up their ideas of the value of such an institution to a community:

Dr. Herbert B. Howard, Superintendent of the Peter Bent Brigham Hospital, states:

"Nothing so makes for accuracy of work as teaching in a hospital. Were I a patient, I should look out that I was treated in a teaching hospital."

Dr. Winford H. Smith, Superintendent of the Johns Hopkins Hospital, states:

"The question is sometimes asked as to why the hospitals should bother with the medical schools, and if teaching in the hospital does not disturb the patient. Hospitals are the training schools where students of medicine obtain their practical experience, and we must all be interested in the training of competent doctors. Teaching does not interfere with the best interest of the patient, quite the contrary.

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"I am of the profound conviction that the hospital which enters into the function of teaching seriously and specifically is the better hospital because of that service.

"Then, too, there is the visiting staff of physicians and surgeons, who, by the study of large groups of patients, by the experience gained in operating upon large numbers of patients, acquire a skill and technic which make them authorities in their subjects and leaders in their profession. In the laboratories, too, as a result of careful routine study or of painstaking experimental work, new facts have been discovered which have added to the knowledge of disease and the methods of combating it. All of this means progress and benefit to mankind."

Dr. Renwick R. Ross, Superintendent of the Buffalo General, states: "The patients of any hospital which has a teaching staff are far better cared for and more scientifically treated than in hospitals without such an organization."

Dr. A. R. Warner, Superintendent of the Lakeside Hospital, states: "Not only are the sick of the wards and in the home city benefited, but standards are impressed upon hospitals and all physicians who come in contact with this work. The students and interns carry its standards and advancements to surrounding communities. The common level is thereby markedly affected. The good hospital, therefore, not only opens its wards to medical students for educational purposes, but also considers it an obligation to collect and continue to furnish a thinking staff that they may contribute to and that they may establish better routine treatments and treatment patterns for the future guidance of local physicians, interns, and students.

"Research: It may not be possible for all institutions to make wonderful discoveries, but it is possible for every teaching institution to acquire a staff of independently thinking and working medical men by providing opportunities for this work. The gain in new discoveries may be nothing, but the gain from the work and the working conditions will add to the effectiveness of the institution, as expressed above, sufficiently to justify organization and expenditures along this line.

"Not all hospitals can attain such organization as outlined above. It seems extremely difficult for institutions not connected with universities to attain the full measure of usefulness. The presence of a university staff, the university ideas, and accepted university customs appear essential. Given this, however, the attainment for the

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community of a medical institution of the highest value and usefulness depends absolutely and wholly upon purchasable facilities. If to a university foundation good facilities for work are added, men of the highest standard become readily obtainable and the benefits to the community are thereby assured."

Dr. George Blumer, Dean of the Yale University School of Medicine, states:

"The advantages to a general hospital of affiliation with an A class medical school are very great. I am assuming, of course, that it is taken for granted that in an A class school the heads of the clinical departments are able to devote at least the major portion of their time to teaching, hospital work, and research. Personally I am convinced that it will only be a matter of a few years before all of the better schools will have so-called full-time clinical professors, but even if this condition does not exist, to approximate it is often possible owing to the devotion and self-sacrifice of the heads of the clinical departments in a given school. The main advantages which accrue to a general hospital from affiliation with a first-class medical school are associated partly with the organization of the hospital and partly with the personnel of the school. I am assuming that the organization of the hospital, under such a plan, would not be the ordinary American organization whereby there are multiple heads of departments who change at frequent intervals. On the contrary, I assume that each major department is under one responsible head who is in a position to maintain a uniform policy and to whom associates are responsible. Such an organization is one of the great assets of our university hospitals. In the second place, affiliation with a medical school insures to the hospital, as a rule, a more highly trained staff than can be obtained in the average community for the reason that a first-class medical school does not depend on the physicians of the community for its heads of departments, but selects men for these positions on merit alone. This being the case, such men are naturally specially trained for the positions they are to occupy, and, furthermore, their teaching being their main work, they are able to devote a great deal more time and thought to the affairs of the hospital than was possible under the old system of rotating services in which the heads of departments were picked from the community, and under which they depended upon their practice for their chief source of income. Furthermore, a

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medical school brings to a hospital an organized body of experts in the medical sciences, and nowadays, in the thorough study of disease, we have to rely upon coördination between practising physicians, physiologic chemists, pathologists, serologists, bacteriologists, roentgenologists, etc. It would be almost impossible for the hospital to assume the burden of carrying such a staff of specialists without the aid of a well-organized medical school. It should also be noted that the students themselves are a distinct asset to the hospital, and not, as the laity sometimes assume, a source of worry and friction. As teaching hospitals are now organized the medical student is as much a part of the machinery of the hospital as the intern. He frees the intern from a good deal of simple routine work and permits him to carry on the more complicated and exacting kinds of work, so that the more careful studying of the patients becomes possible. My experience here in recent years has resulted in the very decided opinion that it is very exceptional for patients to object to the presence of students in the wards, and that many of the patients enjoy being used for teaching purposes, as they feel that their cases are thoroughly discussed, and, indeed, I think actually are conscious of the fact sometimes that they are acting as benefactors to the race."

Dr. Chas. F. Painter, Dean of Tufts College Medical School, states:

"The poor equipment for present-day clinical teaching, or one which is so far disassociated with the school that it cannot be used without great waste of time, is a decided disadvantage to a medical school. The public, of course, is not in a position to realize the advantages of this arrangement, but is becoming more and more acquainted with the actual condition, and as it does, it will unquestionably appreciate the advantage it is to them to have an institution that is thoroughly prepared to educate the doctors that are to practise in their midst."

Dr. J. Whitridge Williams, Dean Medical Department, Johns Hopkins University, states:

"After many years' acquaintance with hospitals I have no hesitation in saying that the greatest good is not obtained either from the point of view of the care of patients or in the advancement in medicine unless the hospital facilities are freely utilized by medical students. It has been my observation that in hospitals in which students are not admitted the medical work tends to become routine and

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casual in character, whereas when the patients are utilized for the instruction of students, their instructor is on the qui vive and makes every effort to see that the most accurate diagnosis is made, and the most appropriate treatment followed, as he knows that if he fails to do so the omission and error will be promptly detected by the students. Furthermore, the utilization of students in general hospital work is of the greatest possible benefit to the patients, as it enables many laborious examinations and investigations to be made which, without them, would require the services of a much larger resident staff. It goes without saying that at the present time no hospital can be advantageously conducted without the services of the highest type of trained students."

Dr. Wm. Pepper, Dean School of Medicine, University of Pennsylvania, states:

"The University of Pennsylvania recognized this fact, and in 1873 built on the campus the University Hospital for the use of the medical school, as well as for the benefit of the people of Philadelphia. This hospital was the first hospital erected in this country as an integral part of a medical school, and ever since organization of the staff of the hospital has been composed solely of members of the teaching staff. I do not see how any one can have any other view than that all of this is as it should be. There is no doubt in the minds of any of us at the University of Pennsylvania that, on account of this intimate relationship, the patients receive better and more skilful care and attention than they can receive in a hospital unconnected with a first-class medical school. There can be no doubt that the students receive better instruction in the University Hospital than they could receive in any other hospital in the city, and there is also no reason to doubt that the nurses receive a better course of instruction than they could receive in another hospital. I know that in Philadelphia this view is gradually spreading among the people at large. Personally, I believe that the time will come when every big hospital will want some sort of connection with a good medical school and will seek such connection."

Dr. Charles N. Meader, Dean School of Medicine, University of Colorado, states:

"It is, of course, well recognized among the superintendents of teaching hospitals that the stimulus to careful work and more careful record keeping on the part of the staff, secured by the presence of an aggressive and intelligent

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student body, are invaluable assets to the teaching hospital. From an economic standpoint alone, the opportunity of securing the services of a group of well-trained students without financial compensation to them should make special appeal. A further good, sufficient argument in itself, of which the force will become more and more apparent in the future, lies in the duty of a hospital to its community, state, and nation, not only to care for the sick of a day or of a year, but to do its share toward the efficient care of the sick of the future. However earnest and intelligent a student may be, he cannot become a thoroughly trained and effective physician by didactic work alone. Not merely some clinical work, but clinical work in abundance and under the best facilities during his third and fourth years, is essential to this result. And I should like to emphasize the importance, not only of his seeing many cases, but of his having ample opportunity to study them, both through bedside observation and the use of modern diagnostic methods and instruments. Such program is expensive, but it must be met by all medical schools of this country. To meet it they must have the coöperation of all enlightened and progressive hospitals accessible to them."

To sum up the advantages of "A Teaching Hospital," I should say that, first; the greatest advantage is to the patients, because of the complete equipment such a plant necessitates; second, to the attending men, who must keep to the front or be superseded; third, to the interns who are fortunate enough to secure an appointment; fourth, to the student body which is allowed the freedom of the hospital; fifth, to the training school, which always has before it the examples of well-trained men doing careful work; sixth, to the surrounding community, which, as a result, has a higher standard of practising physicians in its midst; and seventh, to the physicians in the surrounding country who are able to see in consultation and otherwise the best men in their respective specialties; eighth, to science, because in the teaching hospital new therapeutic and diagnostic methods can be studied by means of its trained clinicians and laboratory workers, which cannot be done in the non-teaching, since it has neither the full-time staff nor the equipment. In other words, the advantages to the community are so great that all should unite in its common support, and no institution of this character ought to be embarrassed, for a single moment, for lack of funds. The wealthy men of this country and the foundations created by their wealth are

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realizing that efficiency in hospital work is as necessary as in a manufacturing business, and that the lowest per capita cost does not always mean the best run institution. Waste in everything should be discouraged, but money spent in teaching and study is potential energy being stored up for future use, and is the best kind of preparedness for a community.

The organization of "A Teaching Hospital" cannot be loose or haphazard. The Board of Managers must be keen men, interested in the large affairs of life, and public spirited enough to devote some of their time to the proper conduct of the trust imposed upon them.

Of course, the best method of organization is to have the University own its own hospital, then the control is always certain and there will never be any doubt but that the wards will be freely open to the teaching force. As this is not always possible, the arrangement by interlocking boards or gentlemanly agreements should be made, but always in such a way as to insure permanency.

The Superintendent and the principal of the Nurses' Training School should be people who have themselves developed under the methods in vogue in teaching hospitals, so that they will readily see the necessity for certain concessions the teaching force are always needing, whether it be in the way of material to work with, or nurses to supervise special work and departments. This means that the superintendent of such an institution should be a physician who has enjoyed the widest opportunities himself, for it cannot be supposed that a man who has been a good accountant, a lawyer, a minister, or a hotel man can develop the understanding and sympathy necessary for the proper administration of a hospital in conjunction with a medical school. The administrator who fails to take advantage of every opportunity for conference with the professors or heads of the different teaching departments will soon find he is not in touch with the aims, and cannot see the whole picture of which each department is a part.

The staff should have a continuous appointment and should be appointed only when holding the same position in the university. Each department head should have complete control of all the material for his work, and be responsible for not only his own work, but that of any assistants he may see fit to introduce in subordinate positions as his aides. He should also be on the special committee composed of the various heads of main departments, the function of which committee it is to advise the Board of

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Trustees regarding policy, and to pass upon the qualifications of those recommended for appointment to the hospital staff. Thus he will have authority enough to see that competent men who will coöperate in his department are appointed, excluding the men who are incompetent.

No hospital should attempt to affiliate with a university medical school as a teaching institution whose finances are in poor condition. A large endowment or special gifts for specific purposes should be had sufficient to allow of a clinic large enough for teaching. The ideal method is to have full-time men at the head of the different main departments, with enough salaried full-time assistants so that the work can go on uninterruptedly.

The physical condition of the plant should be so arranged that there are large enough wards for each department. If the men at the head are of the right caliber, these ward beds will soon be full enough to furnish the material. Adjacent to each ward should be small clinical laboratories fitted up completely for the routine work, and under the supervision of a technician specially trained for this work. The students during their third and fourth years, under the supervision of departmental heads, should have complete access to the patients in these wards, be responsible under supervision for the histories, physical examinations, and laboratory work, and suggest treatments, following the cases from admission to discharge, filing their personal records in the records of the hospital of which they become a permanent part, and in case the patient dies, writing up a complete report of the findings in the autopsy room and pathologic laboratories. In addition to small clinical laboratories, there should be the larger laboratories for physiologic chemistry, bacteriology, pathology, roentgenology, electrocardiography, etc., not to mention the operating rooms to accommodate the different specialists.

The dispensary should be modern, and absolutely under the control of the same departments in the medical school. Here also should be laboratories so equipped that clinical diagnosis work can be done, for it is absolutely necessary to do all the tests necessary for a diagnosis very near the place of treatment if you desire to teach the student body thoroughly. If the laboratories are not near at hand, it will tend to careless work. Here, as in the hospital wards, the student body of the third and fourth year classes should be in complete control of the different cases under proper supervision. There should be rooms enough so that they can work either singly or in groups of two in preparing the

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histories, physical examinations, and suggestions for treatment of patients who come to the clinic.

The autopsy room should be well equipped and under the control of the pathologist. This is the place where the mistakes of diagnosis are clearly shown, and where the student can see for himself what he has been more or less surmising while following the case in the wards. In no other place can gross pathologic conditions be so thoroughly impressed on the student mind.

There should be a library and record room in which are kept the standard books and periodicals and the completed records of cases treated in the institution, with desk room enough to encourage the students and interns to use them. The records should be accessible by carefully kept card indexes. These indexes should be as follows: A name index and a disease index compiled after some standard classification, and properly cross-indexed for complications, etc. The case records should contain in detail a complete history of the case before admission and during the hospital stay, together with all the data from the different laboratories and notes of physicals kept by students assigned to same for study.

In the foregoing I have tried to show that the student should be brought into close and active relationship with the patient. Not only should all hindrances be removed, but he should be given as much responsibility as is possible. The clinics should furnish a variety of cases, and not a superabundance of one to the detriment of the other. Therefore, the number of cases treated in any hospital during the year is not a fair index of that institution's teaching ability. The same is true regarding the dispensary.

In the Albany Hospital the students in the third and fourth year classes are allowed the freedom of the wards and the dispensaries under the supervision of the men in charge of the service. During the fourth year the students are allowed by sections to live in the hospital for a period of six weeks, where they are given considerable responsibility. While in the hospital they are uniformed in white. If they have surgical appointments, the cases admitted are assigned to them, after which they take the history, make tentative diagnoses, make and record complete physicals, demonstrate the cases to the other students under the supervision of the surgical chief, assist at the operation, and follow the case to recovery and discharge, always being encouraged to suggest treatment. Their notes are looked over by the chief on his regular visits, and criticised before the surgical

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class. The clinical laboratory work is also done by them under supervision.

If they are assigned to the medical service, they have exactly the same intimate connection, and as they live in the hospital, they answer all emergency calls in company with the intern who is responsible for the service, do the clinical laboratory work, demonstrate the cases to their classmates, submitting their own notes for criticism.

Thus you will see that the work done by the medical student in this third and fourth year is practically the same as that which was formerly done by the intern during the first three to six months of his service. When he enters the hospital as an intern he is already familiar with a great deal of the routine of an institution, and much more valuable to himself and to the hospital than when not taught in this way. After the completion of the twelve or eighteen months' service it is not unusual for these men to ask for positions so that they can stay in the institution for a longer period. They have become imbued with the university idea and methods, and are anxious to stay until they are fully equipped to leave the institution permanently, and, of course, the institution is no loser by their stay.

I am thoroughly in accord with the men whom I have quoted above, and believe that every hospital should develop its teaching side to the fullest extent, if for no other reason than that the hospital becomes a better hospital for having done so.

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THE RELATION OF THE HOSPITAL SUPERINTENDENT TO RESEARCH WORK

HERBERT O. COLLINS, M.D.

A hospital is usually defined as an institution or building for the care and treatment of the sick or injured.

There was a time in the history of hospitals when such a definition covered the entire subject, and one seldom thought of them as anything more.

Almost from the first, however, these institutions were utilized for the teaching of medical students. And as medicine became more and more a complex science, the importance of the hospital clinic became greater. Then was added the intern service, partly to assist the hospitals in their work, and partly to supplement the undergraduate clinics and give to a portion of the young doctors the advantages of post-graduate hospital training. The next step along these lines, only comparatively a few years old in this country, was the addition of the fifth, or hospital, year to the medical student's training, making the hospital intern service compulsory and linking the modern general hospital still more closely to the medical college.

With the development of the profession of nursing the hospital easily took the position as the best and most natural place in which the nurse's training should be given, and the training school for nurses was added to the other activities of the hospital, broadening and elevating its status at the same time. To this, many hospitals have added training courses for dietitians, laboratory technicians, *x*-ray operators, record clerks, housekeepers, social workers, and others, as well as post-graduate courses for doctors and nurses.

The result of all this is that the modern general or special hospital is one of the most complex organizations of which we have any knowledge. In fact, it has rightfully ceased to be a mere boarding-house for the sick, its original sphere is almost lost sight of in some cases, and it is becoming more and more an educational institution, of which the care of the sick forms merely the fundamental basis.

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The broadening of the field of the hospital administrator is not always appreciated by the public and seldom realized by the superintendents themselves. A man who enjoys a national reputation among educators once remarked this to me after he had finished the survey of the public health and hospital situation in a large city, calling my attention to the fact that few professions cover so broad a field as that of hospital administration. For, as he expressed it, the modern hospital superintendent must not only be a good executive, but he must know something of medicine, hygiene, pathology, and bacteriology; he must have some knowledge of the training of nurses and in the supplemental training of medical students, as well as the ability to buy coal, meat, and other foods; be an expert in the running of a large laundry and cold storage plant, and competent to manage something similar to a large hotel, for the accommodation of his resident staff and private patients.

The question, therefore, as to whether the hospital superintendent should be burdened with any more responsibilities is a very proper and pertinent one, and we are at first tempted to declare that he should be spared. Yet there is a large and uncultivated field in the promotion of medical research in nearly every large hospital, and if science is to continue to advance, this opportunity must be made use of in a more organized and systematic way than is commonly done. Those who are in a position to exercise control over this large amount of clinical material are not fulfiling their trust if they do not make every effort to see that it is used in the best way for the advancement of science and the ultimate benefit of the race.

I presume that we are safe in saying that there is no hospital—certainly none worthy of the name—in which there is not a certain amount of research work done by members of the staff. This kind of work is largely individual, and is to be commended and encouraged. Certainly none of us would want to interfere with it in the least, and we all recognize our duty to assist members of our staffs in any way that we can. Yet because this is individual work, and often lacks the guiding hand of a trained and experienced investigator, it will always have its limitations and fall short of its complete possibilities.

There are a few hospitals in this country in which more organized work is attempted. In most instances these are institutions in which a special fund or endowment is set aside for research work, and they occupy a class by themselves. We are usually contented to leave this field to the

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specially endowed institution or foundation on the supposition that nothing like regularly organized work in medical research can be done in the average hospital, which has to depend upon its own income from private patients or appropriations from public funds, which are nearly always too small.

But is this entirely true? Cannot some method be adopted whereby any large hospital can engage, as an organization, in work of this kind, without the necessary expenditure of a large sum of money, and without interfering with the more fundamental objects of the institution?

I believe that this is perfectly possible, and that the time will come when we will recognize the Department of Medical Research as being as important and essential a part of the organization of a modern general hospital as is the training school for nurses, the intern service, or clinics for undergraduates in medicine.

What can the superintendent of a hospital do in connection with such work in his institution? Certainly he cannot personally go to the laboratory and work out problems, nor can he be expected to do clinical work in the wards, upon which investigation would be based. But if he is the right kind of a superintendent, he is in a position to take the initiative in organizing the work, in helping it along from time to time by giving it the encouragement and recognition of the administration, and by furnishing the workers with such equipment and supplies as may be found to be within the financial limits of the hospital. As most such equipment will be found to be already at hand, a little care in selecting the subject to be studied will result in keeping the cost down to a comparatively small figure.

Several things, it seems to the writer, are essential to successful organized research work in a general hospital: viz., absolute sympathy and active coöperation on the part of the administration. This may be considered as fundamental, for without such attitude the staff will be able to accomplish very little. Such sympathy should be active and shared by nurses, laboratory workers, and others, till the proper atmosphere is created, most necessary to the accomplishment of the best work. Passive tolerance on the part of the administration will hardly be accepted as a substitute.

Probably the most important part of the work which the superintendent can do in connection with the encouragement of organized research work consists in setting a high standard for the professional work of the hospital. The

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first step should consist in careful selection of the men who constitute the staff, in order that physicians who will bring credit to the hospital, giving it something in return for what they take out of it, shall be selected for these very desirable positions. In not all hospitals are such appointments made by the superintendent, but as far as possible he should make an effort to see that the proper type of men are appointed. This done, half the battle, but not the whole, is won, for scientific work. The standard once set, an effort can be made to keep up to it, letting it be known that mediocre work will not be accepted, and that those members of the staff who are engaged in the highest type of medical research in connection with their clinical work will be favored by the administration in every way possible. This attitude need not in the least interfere with the clinical work or the actual personal care of the individual patients. For, as is usually acknowledged, patients receive better care in a teaching hospital than in one where there is no teaching, so the general scientific atmosphere created by a body of men and women seeking to solve medical or surgical problems will usually result in the highest type of clinical work, to the benefit of the patient. There may, now and then, be found an enthusiast who will spend time in the laboratory which he should give to the patient, or who will allow a disease to run an unchecked course while he studies certain phenomena connected with it. But such an impractical person should soon be checked, and if necessary dropped from the staff entirely.

The superintendent can assist greatly in research work by providing his institution with a proper and carefully kept system of case records, making it possible to examine at any time and with the least possible expenditure of time the records and statistics of any given class of cases. The average hospital records are of little value for such work, and consist chiefly of written evidence of waste of time by interns and nurses, and of valuable paper, which gradually accumulates in untold tons. A good record system can be obtained only by eternal vigilance and attention to details. The superintendent can do much here, but by no means all. He can establish the general rules, carefully select his record clerks, see that records are properly filed, indexed and cross-indexed, and preserved, and can do a great deal by refusing to accept a clinical record which is not complete and up to the proper standard. But, after all, if the case records are to be what they should be, so kept that the record shows a

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clear picture of the case years after the patient is forgotten and memory is no longer of value, the responsibility for their accuracy and value must rest chiefly upon the staff member who is in charge of the patient. For he is the only one who will be sufficiently familiar with the clinical work to know whether a record is right or wrong, complete or incomplete. "Why waste hours writing histories when the staff never takes the time to look at them?" is too familiar an argument of the average hospital intern who would much prefer to use his valuable time in goiter or gall-bladder operations than in doing what, to him, seems like unimportant clerical work. And the hospital attending physician or surgeon, who never reads his patients' histories and who is, in his own estimation, too big a man to be bothered by such detail work as the examination of his case records to see that his intern and nurse are properly recording the essential points of the case and omitting records of non-essentials, will usually be found out of place on the staff of a hospital which is endeavoring to do any really valuable research work.

The value of records for the purpose of case study can be increased greatly by standardizing the system in use in a group of two or more hospitals located in the same neighborhood. Thus statistics of 500 cases of lobar pneumonia, found in the record room of one hospital, may easily be multiplied to 1000 or 2000 cases taken from the records of other hospitals of the same city, covering a given time. This does not necessarily carry with it a proposal that the records of all hospitals considered should be kept in exactly the same way. There are real objections to such a proposition as the needs and long-established customs of each hospital may differ. But if the superintendents of a neighborhood group of hospitals will get together, they will usually find little difficulty in adopting a standard system of indexing their records, and common methods of recording important data, which will render it comparatively easy to unite the statistics from all whenever this should be desired. The most important step in this direction consists in the adoption of some definite system of nomenclature by all, otherwise different terms and classifications will be found, making comparison of records practically impossible.

My plea is chiefly for more systematic research work in the wards of our public hospitals, and my proposition is that such work should be regularly organized by the superintendent as a legitimate branch of his institution. With-

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out replacing to any extent work attempted by individual members of the staff, that which I have in mind should be carried out by the hospital organization, and would require unselfish "team work" on the part of those engaged in it. You will all agree that to bring about such team work in the average hospital staff will constitute one of the most difficult problems the superintendent has set for himself for a long time. But by care, patience, diplomacy, firmness of purpose, and now and then the resignation of some member unwilling to coöperate, it can usually be done.

To illustrate my meaning, let us suggest the following scheme for such work, adapted to a large general hospital, which has no fund for research work, and in which the staff is made up of men of at least average professional ability.

First: At the beginning of the year there will be a meeting of the various chiefs of staff, with the superintendent of the hospital. At this meeting, the subjects of which intensive studies are to be made, over certain specific periods, are selected and assigned to individual chiefs of the various services and their staffs. As far as possible such assignments would be made according to the individual preferences, and interest of those made responsible for the work. For instance, to Dr. A and his staff is assigned the subject of lobar pneumonia. Dr. B and staff choose diabetes and the metabolic problems connected with it; Dr. C and staff elect gall-bladder conditions, while Dr. D and staff draw the subject of fractures.

Second: During the periods determined on, which may be six months or a year, and which will vary according to the subjects, all cases admitted to the public wards will be classified and each class will be assigned to the division of the staff to which that particular branch is allotted for study.

Thus, in our example, all cases of pneumonia admitted to the hospital for a given period are assigned to Dr. A and staff; all diabetics to Dr. B and staff, all gall-bladder cases to Dr. C, and all fractures to Dr. D.

Third: At the end of the specified period each group of men would be required to write a complete report of their study of the problem assigned to them.

Fourth: A meeting, or if necessary a series of meetings, of the entire staff would then be called, at which these reports would be read and discussed.

Fifth: The reports themselves, with the most valuable part of the discussion, would be offered for publication in one of the leading medical journals, being published as the

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work of the hospital, rather than as that of individual members of the staff.

Sixth: This done, another meeting of the committee would be called, and new subjects selected and assigned as before.

There are few public hospitals in the country in which such work could not be organized. The expense connected with it need not be large, and the results would be far reaching.

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MUNICIPAL TRAINING SCHOOLS FOR NURSES, WITH SPECIAL REFERENCE TO THE ORGANIZATION AND WORK OF THE ST. LOUIS MUNICIPAL NURSES' BOARD

CLEVELAND H. SHUTT, M.D.
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The various municipal hospitals have had more or less trouble, sometimes of a serious nature, at irregular intervals, in the maintenance of proper training schools for nurses, or in obtaining satisfactory nurses.

The nursing supply has usually been from one of two sources, either from a private training school or direct from a training school conducted by the management of the hospital. The most serious difficulty has been that of maintaining proper standards whereby pupil nurses with satisfactory requirements as to intelligence, preliminary education, etc., could be attracted and retained.

The St. Louis City Hospital, an institution with over 850 beds, for nearly thirty years was supplied in a most satisfactory way with nurses from a private training school —the first one west of the Mississippi River, which was known as the St. Louis Training School for Nurses. This school was organized and conducted by a group of public-spirited women, and the city paid so much per nurse to this school. The board finally decided to discontinue its work because of inability to obtain a sufficient number of younger members, etc., and it became necessary for the hospital authorities to devise ways and means for a continued supply of high-grade nurses.

To overcome the difficulties furnished by indiscriminate recommendations for pupil nurses with varying qualifications it was thought that it might be wise to vest the power in the hands of a fair-sized board. Accordingly, the St. Louis Municipal Nurses' Board was created by ordinance, approved by His Honor the Mayor June 2, 1915. This board was authorized to make rules and regulations subject to the approval of the hospital commissioner, for the conduct of the city hospital training school for nurses, the

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nursing department of the isolation hospital, the nursing department of the tuberculosis hospital, and the visiting nurses.

In organizing the board it was planned to retain the services of experienced members as long as possible. It consists of seven members, three of whom must be women and one member a physician, appointed for terms, determined by lot, of from one to seven years, with all new appointments for a period of seven years.

The board, in the first two years of its operation, has established a municipal training school at the city hospital, special training schools for the isolation and tuberculosis hospitals, and also organized and placed in most satisfactory operation a visiting nurse department for the care of tuberculosis and baby welfare work. The scope of the visiting nurse work can be enlarged whenever it is found advisable.

The city hospital training school has been placed on a three-year basis, with entrance requirement of one year in high school. The board is required by ordinance to maintain admission and graduation requirements to conform to those established from time to time by the State Board for Registration of Nurses, but already has established more advanced standards than are required for registration. Pupil nurses receive lectures from the teaching staff of the training school, from the visiting and resident medical staffs, from the resident dietitian, head social service worker, and also the head visiting nurse. They have opportunities for working in the visiting nurse department for a period of from three to six months during their course of training, and also spend from one to two months at the isolation hospital.

A training school has been organized for the isolation hospital, with graduate nurses as superintendent and supervisors. Practical nurses, who are of good moral character and have had not less than an eighth grade education, are utilized for training purposes at a salary of $25 per month the first year, and an increase of $5 per month each year thereafter for five years, at the end of which time a practical nurse certificate is given them. Pupil nurses from the city hospital also receive training here, and a certain number of pupil nurses from private hospitals are admitted, when the number of patients will admit. The practical nurse training in this institution seems to have solved in a very satisfactory manner the nursing difficulties which were constantly present in our contagious disease hospital.

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The tuberculosis hospital training school has also been organized, with graduate nurses as superintendent and in the more important supervisory positions, and practical nurses in training, and the plan has thus far worked with satisfaction.

We believe that the plan of training practical nurses under graduate nurse supervision in such special institutions as a tuberculosis or isolation hospital will furnish the ultimate solution of the nursing problem for such institutions.

The visiting nurse department has been organized, with a specially trained head visiting nurse and 16 graduate, registered nurses, to cover the entire city in the matter of tuberculosis cases and baby welfare feeding clinics; 11 nurses are assigned to the tuberculosis work and 5 to the baby welfare department.

The board has thus far been able to not only place in operation and maintain the three training schools of separate character and to organize an entirely new visiting nurse department in a satisfactory manner to the hospitals, the medical profession, and the people, but to constantly elevate the standards of work in the several departments.

It must be admitted that the membership of the board was carefully chosen, as far as possible, from experienced persons. The three ladies on the board were selected from the old St. Louis Training School Board; two members were chosen from a former hospital board, the physician was a full-time university pediatrician with no outside practice, and the remaining member is a member of the legal fraternity who has given a great deal of attention to charitable work. The board membership, therefore, had an experienced viewpoint from the beginning and has been able to coöperate with the several institutions and departments of the city government, as well as to keep the entrance requirements for pupil nurses on such a basis as to attract the most desirable class of nurses and in sufficient numbers.

THE CHAIRMAN: The next subject this morning is that on "War Hospitals in France and America," by Mr. Charles Butler, of New York. I take a great deal of pleasure in introducing Mr. Butler to this Association. As a matter of fact, to all the older members he needs no introduction, but he has been in France a good deal in the last year and I am sure that you will find his paper most interesting, because you are going to get first-hand information.

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WAR HOSPITALS IN FRANCE AND AMERICA

MR. CHARLES BUTLER (New York City): Mr. President, ladies and gentlemen: I owe you first an explanation of how I came to get into this War Hospital planning. I was over in Paris about two years ago, connected with the American Relief Clearing House, of which most of you know. Dr. Carrel came to me and asked me to plan him a hospital; his hospital at Compiegne was being shelled, and he expected to have to move out anyway, so he asked me to plan him a hundred-bed hospital, which he could place in some less exposed locality. The Germans will shell a town, and they don't mind shelling the hospital, too, though they generally, until recently, have not planned hospital attacks. We planned that hospital out, but luckily the gun which had the range of Compiegne was destroyed, so the Carrel Hospital continued in Compiegne and that hospital was never built. The Minister of War, however, got interested in what Dr. Carrel told him about the plans, and asked me to come and show him what I had planned out. When I found they wanted to establish a standard plan for a 500-bed unit, I offered my services; I was there to help in any way possible, so they attached me to the Ministry of War, and I was there for a year, planning hospitals. The French Military Hospital had been very antiquated in its methods; in its planning they had not followed what the civil hospitals in France had been doing, and we started in and revolutionized the plan of military hospitals. We ourselves have only built one, but all the plans for all the military hospitals in the different parts of France came to us for criticism, so that we practically dominated the military hospital planning situation in France. I will give you just a little description of how the war hospitals work. You have got up in the front-line trench a hole in the ground, dug out like any other dugout, except a little less elaborate. It is simply a hole in the side of the trench. If a man is wounded in the front-line trench, they simply put him in that hole. Every man has his first-aid dressing with him; if he can put it on, or if a friend has time to do anything for him, they put on a dressing. As soon as the fire slackens they move

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him back to a dressing station, 100 or 150 yards from the first-line trenches, and there you have a surgeon who was a medical student when the war broke out and can give first aid. Then, as soon as possible, the man is moved back to the battalion dressing station. There is one for every three companies, in charge of a surgeon, about a mile back, reached through the communication trench, and you can imagine what the transportation of the wounded man is from the advance dressing station to the battalion dressing station. The communicating trench is called a *boyau* (French for bowel), and the reason for that is because it winds all the time, and transportation through that trench is very difficult, and they have a number of ingenious methods—hammock stretchers, chair stretchers, etc. Then from the battalion dressing station, usually the motor ambulances can get pretty close to that, they are carried back to the field hospital, and the tendency now is to put in that field hospital, which lies five or ten miles back from the front, all the equipment of the base hospital; that is the lesson we are getting from the war all the time, that you have got to get properly equipped hospitals close up, take the chance of their being shelled and bombed by aëroplanes, but get the means to treat a man relatively close to the front. I had that brought home to me day before yesterday, coming down from New York with Dr. Walker, who has just been instructed to organize a thousand-bed fracture hospital. He was citing the results of delay, the loss of arms and legs through a delay of twenty-four, forty-eight, or seventy-two hours in getting to the base hospital. You see every wound is an infected wound, and you have to get your treatment quick. That is what Dr. Carrel has been fighting for for three years, and I hope we are going to heed that lesson and get our hospitals close up.

1. Carrel Plan

The first plan I am going to show you is that of the original Carrel hospital, which was not built, which shows in a general way the principles. You see there are three or four things we have learned from the war in regard to hospital planning—war hospital planning—and one is that we must not have to build any roads that we can avoid building. There is no time for building roads in war. Another thing is, we are always going to be short handed, and we have got to get every facility for handling a patient inside the hospital. The minute a patient goes into a

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hospital he must be handled on wheels, and every other thing—food, supplies, linen, etc.—must be handled on wheels. This hospital is supposed to be built right along the road. You cannot question whether you are going to put the front of the hospital on the road and the rear somewhere else—the front door, back door, and everything else has got to be where your road is.

2. Vincennes Plan

This is a 500-bed hospital unit first planned out. We have this situation. This was on the slope of the fortifications of Paris; those two sides were north and west. Here was the road on this curve, and this was property you could not go into, and the view here was to the south. It was a very beautiful situation, so we took advantage of it and put our garden to the south. The administration was at the south with the reception building, where the ambulances came and discharged their wounded. Adjoining was the kitchen, with the storage, baths, laundry, and garage. That is strictly the minimum amount of road; for the average situation, you have got to break your rule almost at once and build a little road, but you must keep that at the minimum always, and everything, once in the hospital, must be carried on wheels. You see, therefore, all these galleries are connected, in some cases covered, in others open, but always with wooden slanted walks so that you can carry everything on wheels and don't get into the mud. Of course, the front is simply a sea of mud; it is a sea of dust in the summer and a sea of mud almost all the time in the spring, fall, and winter, and that is a thing you have got to fight against every minute of the time. The principle otherwise is just that of an ordinary hospital. At the north are indicated the operating rooms, laboratory, and pharmacy, and the wards have the south end exposed. The service rooms are all to the north.

You see this arrangement of staggering the wards so that there is ventilation. The nurses' quarters are off to one side, so they are isolated. One of the faults of construction is that they put the nurses' quarters, doctors, and orderlies all mixed in with the patients. There is no reason why nurses off duty should be mixed in with the patients, and the same applies to the hospital corps. The medical staff is here. I have got to talk pretty quickly, because I haven't much time.

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3. Issy les Moulineaux Plan

This is a hospital now in process of construction,—a permanent military hospital,—but the same system applies. There was an existing road, swinging around; on the east are our administration and reception buildings. The nurses' quarters are on the right, the orderlies are on the left, the service court is in the southeast corner with the kitchen, laundry, stores, garage, etc., and then it was impossible to run a great many wards in rows. The wards run north and south, with the service end to the north and the south open. They found that for a wounded man it is just as important to get him out in the open air as to have his wounds attended to, and they are building the wards with terraces to the south, and a man does not have to be in a wheeled chair—his bed can be wheeled out and you will see them wheeled out all over the hospital. This hospital is planned as a permanent military hospital, and, therefore, has a very complete contagious disease service, 33 per cent. Now I will show you in detail the plans of this hospital, calling your attention especially to the receiving service, which, of course, we have already in civil hospitals, but the war hospitals require that that be very much developed. Every man who comes from the front is filthy; probably a large percentage have vermin, and to keep your hospital in any sort of condition you have got to take your man as soon as he arrives, clean him up, put him in hospital clothes, and put him in a ward, and one of the French surgeons told me he had never found a man so severely wounded but what he could clean him, and he had had an 800-bed hospital at Verdun, so I think his opinion was entitled to weight.

This is the administration building below. Here is the receiving building, and this was planned for a hospital near Paris where the wounded would not arrive more than two ambulance loads at a time; that is to say, a dozen patients, or sixteen at the most, and they would have time to clean them up before more arrived, because the trains of wounded come in at the north side of Paris, and the wounded are distributed among the various hospitals, so they do not arrive as they do near the front; therefore the receiving room is relatively small; then the surgeon on duty looks over those men and decides who will go fastest to the ward. They come into the clean-up room, where they bathe a man with a spray without filling the tub with water; therefore you can bathe a man before you dress him—bathe part

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of him and leave the rest. They take off his clothes and take his valuables and give him a check. A man goes to his ward in his hospital clothes; his uniform goes to the disinfecting plant in the laundry; it is disinfected and repaired; the linen is washed, then it comes back and is stored in here, and his record is kept there in the office; then, when the man is discharged, he comes back there, signs off, gets his uniform, takes off his hospital clothes, gets his valuables, and goes out. That is extremely simple, but it has never been thought of before until the French officer that I got to help me evolved that idea.

This is the next thing of importance in a war hospital—the operating plant. This building happened to be two stories, but the ground sloped down and we had a storeroom below. It has two entrances; one entrance is for the man who comes to be operated on, coming in on his stretcher. The other entrance is reserved for orderlies coming for the supply of dressings. That was thought advisable, so you don't get orderlies wandering around the operating room. At the end is the nurses' workroom for the preparation of bandages. The plant itself consists of an etherizing room, a large operating room, a sterilizing room between the large operating room, and the small operating room. In addition the plaster room for fracture cases is directly accessible to the operating room and the etherizing room, and there is an open door from that into the *x*-ray room, so they can take a man through directly into the *x*-ray room to see whether they have got him right, and go back to the plaster room. That is perfectly simple, but it is the arrangement of the large communicating doors for quick work which is a little different from what we generally have. This is the laboratory. I was listening to the laboratory discussion here a few minutes ago, and I thought of the fight they have been having there to get laboratories in the war hospitals, and close to the front, so that they can do laboratory work right on the spot. This is a development of just the ordinary laboratory plan, but it shows that in the war hospital they are getting laboratories, more and more realizing the necessity of them; with the Carrel treatment they have got to have laboratories. The pharmacy in French hospitals is very important; they do a great deal of pharmacy work.

This is rather interesting, physio-therapy—that is, for the purpose of starting, even there, the physical educational work they have got to do so much of. There is the mechanotherapy, electrotherapy, massage, and eye, ear, nose,

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throat, and dental work in the same building. This is the typical ward plan of the French. They are still trying to keep their wards small. How long they can do it I don't know. This plan was made a year ago, and it provides for 18 beds in the open ward and 4 isolation rooms. They have come to the complete service that we have in our civil hospitals.

The plan contains the diet kitchen, and the nurses' office, with a convalescent dining-room, toilet, bath-room and surgical dressing-room. You have a great many patients who, but for a relatively slight wound, are perfectly well, in the war hospital. The patients, when they come in, are, many of them, in better health than they have ever been in their lives, and you have got to get them out of the ward, otherwise they will be a perfect nuisance to your very sick patients. This arrangement, of course, is a very elaborate one. There are four isolation rooms to eighteen in the open ward, and in the hospitals closer to the front that has got to be abandoned and our army has already established the unit of 32-bed wards. The British have come to 50 beds, and I fear we may have to come to it too; that is a question of having enough nurses. The British have felt the shortage already; the French have felt it, and it depends on how many nurses we can furnish, whether we can keep the small wards or must come to the larger wards.

That is a building for the officers; it has single rooms. The south end is completely open; there is a door in the middle, and the terrace is on a dead level with the ward so that you can roll a bed out with perfect ease, don't have to wait for a man to be in a wheeled chair to get him out. The contagious service that I spoke of is divided into two types of ward. There are four wards for complete isolation and two for partial isolation—isolation by groups That is the development of the Pasteur hospital plan, which you probably all know, the plan in which the ward is surrounded by an uncovered terrace; the patient is admitted from the outside. These are glazed doors with transoms open. The patient comes in from the outside; the portable bath is brought in here; his infected clothing is taken out and goes to the disinfecting plant, and in the room there are a bed and a wash-basin and a toilet. Therefore the nurse can empty the bed-pan in the room—nothing goes out of the room. You know the system was originally applied so that one nurse might take care of different contagious diseases, and gowns were hung in the rooms. The nurse and doctor would come in, put on their gowns in that room, care for

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the patient, take off the gown, wash, and go out. That has been a practice in Paris for fifteen to twenty years; it has been applied to a great many hospitals in this country, and a number of civil hospitals in France have adopted it. I should mention that these wards have glazed partitions between the ward and the corridor, so that the man in the ward does not feel the complete isolation he would otherwise feel. The food is brought into the corridor to the serving room. There is a discharging room, where the convalescent patient comes and takes his bath and is discharged without ever entering the inside corridor of the building. Two of the pavilions were built with three- and four-bed wards, toilet, and wash-basin, independent, so that nothing has to go out of the wards.

The Recreation Building is provided to meet the condition of a great many patients who are ambulant and must have some form of enjoyment, entertainment of some sort, to keep them out of the ward. There are a game room, a reading-room, a library, and a small canteen. They solved the canteen problem very simply in the hospitals there; they said, "We allow a man to drink." "How do you regulate what he drinks?" "Well, he can get one drink a day; the barkeeper chalks him off when he gets a drink, and he can't get another and no treating is allowed, so there is no danger of anybody getting drunk."

There is a ward for prisoners,—not war prisoners, but those who are under discipline and those who are insane. They have to provide for that in any 500-bed hospital. This is the service group, the power plant in the middle, the kitchen with its supply room, and the laundry down this way. The only special point there is the arrangement of food cars which pass by the counters in the kitchen and go out as they do in a great many of our hospitals. They get their load at one counter and another and come back to the dish-washing plant. The laundry has nothing special, except an entrance for linen to be disinfected and sterilized. In the mattress-repairing department they do their own repairing, remake the mattresses and send them out and keep a supply on hand, sterilizing everything and making it over. There are garage and storehouses and a special bath establishment. These are special baths, and they are starting in to use hydrotherapy, just as they use mechanotherapy and electrotherapy.

The nurses' home has single rooms throughout. Until recently all the care of the men was done by the orderlies. They have only recently admitted women in French mili-

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tary hospitals. There are orderlies' quarters, barracks of 16 to the room.

This is the general plan of one of the later French hospitals near the front. This hospital I visited at the end of October last year. It was then nine miles from the front. It consisted of 3500 beds, approximately, and was divided into three parts: the hospital itself, which was a completely organized surgical hospital in portable buildings; with two operating services and some twenty wards; then a thousand beds, what is known as an éclopé depot there, that is the expression for the man who is slightly ill or very slightly wounded. If they figure out that a man can be returned to the front within three weeks, they keep him there. If a man is evacuated to the interior, he then goes back to the base hospital. He automatically, when he is convalescent, gets a permit to go home, then rejoins the depot of his regiment, is refitted and goes to the front, and as a measure of economy of men, they have evolved an éclopé depot where any man who can return to the front within three weeks is sent; it is not properly a hospital; that is to say, it is under the command of a military officer, not a medical officer. The other French hospitals are all under the command of medical officers. Then, in addition, 1500 beds, in what they call the evacuation hospital, the casualty clearing station, as the British call it. Those are the people who can be moved. In the surgical hospital are the men who cannot be moved any further, who have got to stay there, who would probably die or be worse off if they go on. To the evacuation hospital goes the man who may be a long time in being cured, but who can travel. The ambulances come in here and three times a day the evacuation train comes in and is loaded up. They told me at Revigny, back of Verdun, last summer, where they had a 400-bed evacuation hospital, that it was a poor day when they didn't have a thousand men; the beds were evacuated three times a day, and the average time a man stayed was four hours. Dr. Carrel told me that last spring he had visited a hospital with 6000 beds, and that at the time of the great attack they evacuated through that hospital 30,000 men in the course of a day and a half; naturally, the hospital was swamped, and they had to evacuate cases that should not have been evacuated. That is the explanation of why you have got to have so many beds anywhere near the front. People say now that certain hospitals are not doing anything; certainly they are not; you cannot arrange to have your attacks going on equally all along a 500-mile front, there is some point where

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there is congestion always. In this hospital there was steam heat in the operating plant. The evacuation hospital was in big tents and they were trying, when I was there in October, to see if they could not put some steam heat in their tents. The éclopé hospital was only partly built when I was there.

These two slides show hospitals on the Mexican border last year. In one wards were placed end to end, so there was no way of getting the south ends open. The operating pavilion was placed so as to be satisfactory for service to one ward, and from two wards there was a walk-way to the latrines. Just what the other wards were to do, I don't know. How they got their wounded over to that operating building to be operated on I don't know; I suppose they had very few wounded and took a chance—had mostly sick patients; but there is no solution of the problem of communication, and no attempt to get the south end open. You see how we have progressed.

Here was another hospital on the border where an attempt at orientation had been made, but when they finished that, they threw up their hands. The operating room is in the center, and there is no provision for access between the wards and the operating room and the kitchen.

This may interest you; it is a photograph from the French front; it is a division surgeon's headquarters; see what kind of accommodation a division surgeon has! You may have always heard that the Frenchman is very small—I am in the middle of the group, and they are all larger than I am. By the way, you notice the mud in that picture; that shows the conditions we are up against; that is Dr. Carrel, to whom we owe so much in surgical treatment. I thought you would be interested to see him in his uniform. The French Government has recently made him Commander of the Legion of Honor. The regulations forbade their giving him higher military rank than that of Major, but to make up for it, they made him Commander of the Legion of Honor, something a Frenchman does not usually get until he is about to die. Dr. Carrel is forty-two or forty-three now, so he has a long way to go.

This is a plan of the Rockefeller War Demonstration Hospital which I have just completed with Dr. Carrel, to serve to demonstrate his method to our army surgeons. Here we have the ambulance court at the south end, with the receiving building, the operating and administration buildings, and a little isolation building, and at the north end the service court, with the kitchen, laundry, stores, recreation

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building, and mess hall for nurses and orderlies, and along the west side the laboratory building; again, a grouping of all the buildings connected by corridors; the corridors connecting these buildings are closed, so the patient is not taken outdoors from the time he comes into the receiving room. The principle is applied right through of getting everywhere on wheels without going on the ground. We will just run through the detail plans very quickly. This is the receiving building, the receiving room, the bathing room, and, at the other end, the room for the storage of the patient's clothes after they are sterilized, and the discharging room, all in one building.

In the operating building there is the same principle of communication between the operating room, the plaster room, and the *x*-ray room. The laboratory is, of course, very complete. It also contains the pharmacy, the department of bacteriology, and at one end the lecture room, the demonstration room, and the store room. In any hospital where you are using Carrel methods you must have a laboratory. The ward services include the nurses' room, utility room, toilet, sterilizing room, bath-room, and again the ward opened at the south end. These buildings are all built on a unit system, built on five-foot units, and it is perfectly possible to plan a hospital using one of these unit systems; I know it is possible to do it on a five-foot unit very easily. You can arrange a window here and windows here, and you can group your windows as you want to. The ordinary soiled linen comes into this room and goes in the regular routine and out to the storage room. The orderlies do not penetrate the laundry; they must be kept out of the laundry, out of the kitchen, out of the operating room. Your orderlies are simply enlisted men, and you have got to keep them in control, otherwise they are all over the place. This is the nurses' dormitory. They put their probationers two in a room. That is the orderlies' quarters, with the first sergeants entitled to single rooms. That finally is the mess hall and the nurses' mess. That, I think, completes the series. I have two or three photographs. This is the Rockefeller Hospital as built; it took us just six weeks to build those buildings complete with steam, with electricity, with plumbing—steam, both for cooking, laundry, and kitchen work. We started the first of June and finished the buildings outside the first of July and the interior equipment took us until the middle of July. That is the inside of one of the wards. The windows are arranged so that the draught is thrown up to the ceiling; this makes

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it possible to place a bed directly under the windows. You see the south end is completely open, and here is a point—the panels on the wall, there are two panels on each side of the wall, hinged at the bottom, arranged to drop out. The idea is that if the hospital is bombed, you can get your patients out quickly. Every bit of that thing is portable construction, panel work, and can be taken down and moved to some other place and set up again, but the walls are double with an air-space roof and floor. That gives you a building that is habitable in summer and in winter, which is the great difficulty with wooden buildings. Thank you for your attention.

Dr. Warner takes the Chair.

CHAIRMAN WARNER: The last speaker of the morning is Dr. W. G. Stimpson, on "The Preservation of the Health of the Civilian Population During the War"—What the Civil Hospital May do to Aid the Government.

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THE PRESERVATION OF THE HEALTH OF THE CIVILIAN POPULATION DURING THE WAR

W. G. STIMPSON, M.D.
Assistant Surgeon General, United States Public Health Service

The health of a community in time of peace as well as during war depends upon the conditions under which the people live. The aim of the sanitarian is to protect the body from harmful agencies. If it is desired to keep the death-rate low, facilities must be provided for furnishing a pure water supply; sewage must be disposed of in such a manner as not to pollute the soil nor become a breeding-place for flies; protection must be afforded from the bites of insects which spread disease; buildings must be constructed so that they will be rat-proof, and with sufficient cubic space and means for regulating the temperature and humidity of the air, in order that each person may live in health and comfort; persons suffering from communicable diseases must be isolated; every one should be able to obtain food containing all the elements needed for growth and nutrition, in adequate quantities, and no one should be required to work under conditions which lead to accumulated fatigue.

In order to carry out the above requirements, an efficient health organization is necessary. For a town of over 100,000 inhabitants this should consist of:

1. A division of epidemiology.
2. A division of sanitation.
3. A division of milk and food inspection.
4. A division of vital statistics.

The coöperation of the people and sufficient funds to employ a well-trained personnel are necessary to get the best results.

Unfortunately, the sanitary condition of many towns in this country is not up to this standard of efficiency. The water supply is obtained from shallow wells or from a stream more or less polluted, no provision being made for proper filtration or purification; the houses have no

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sewers, and the discharges from the body are allowed to contaminate the soil; no effort is made to prevent the breeding of flies and mosquitos, which are often present in enormous numbers spreading disease from one person to another; food is exposed to dirt and dust and is handled by diseased persons; communicable diseases are not reported and little effort is made to isolate persons suffering from such diseases. The death-rate in a town of this character is high and the time lost on account of sickness is great.

During war, when a country is invaded, the health of the civilian population is liable to suffer severely, as the local health authorities, being under the control of the enemy, may be unable to guard the people against insanitary conditions. The water supply may be no longer pure on account of the destruction of filter plants and reservoirs by shells. Communicable diseases, brought by the large number of soldiers, may attack the citizens. Inability to get milk for babies may increase infant mortality, and insufficient food for adults may lower resistance to disease. Flies may appear in clouds as a result of the large number of horses that accompany an army. Loss of sleep, exposure to cold and wet, nerve strain, and anxiety add to the mortality.

The probability of this country being invaded by the enemy, even by aëroplanes or submarines, is remote, but the establishment of large military camps in different parts of the country, the movement of large bodies of men, the loss to communities of physicians and nurses engaged in public health work through their leaving to serve with the military forces, may cause, if proper measures are not taken, a rise in the morbidity and mortality rates. It is conceivable that the death-rate among infants may increase if the inspection of milk is relaxed, if milk depots for the poor are closed, or if there are no nurses to instruct the mother in the care of the baby. A returning soldier may bring back dysentery, tuberculosis, epidemic cerebrospinal meningitis, syphilis, and other infectious diseases from the camp, which he may convey to members of his family or to neighbors. If men who are enlisted in the army leave their families without adequate support, persons may suffer from want of proper articles of diet. The high cost of living, especially food supplies, menaces the liability to disease. This is particularly the case with pellagra, which is a disease especially dependent upon economic conditions, and lack of meat, milk, eggs, and legumes will cause an

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increase in its prevalence. If rents are raised, tuberculosis may prevail to a greater extent, owing to the crowding of persons into smaller spaces.

Most of these fears are, however, groundless, for if the younger health officers leave to assist the military forces, their places can be taken by older physicians. In the smaller towns much of the routine work of the health department can be done by laymen, with the occasional help of a physician to make diagnosis or treat a case of contagious disease. Many young women have taken up laboratory work and have become proficient in it. They can take the place, in many instances, of men, and permit the latter to join the military forces. The heavy demand of the army in England for physicians has led to an extensive employment of women as health officers, assistant health officers, tuberculosis officers, and resident medical officers in sanitoria and fever hospitals, where their services have proved invaluable. The places of public health nurses are harder to fill, but this work may be performed to a great extent by women who are not nurses after they have received some preliminary training. Nurses who are too old to engage in active duty with the army, and those who are not accepted by the Red Cross on account of physical defects or because of having been born in enemy countries, could be employed in this capacity.

The returning soldier is not likely to bring back the germs of infectious diseases. Specialists in every branch of medicine will be assigned to camps where soldiers are being trained to watch over their condition, and as soon as a man is found to be suffering from a communicable disease, means will be taken to prevent him from conveying the disease to other soldiers or to civilians. Smallpox, typhoid fever, and para-typhoid will not prevail, as the men entering the camp will be vaccinated against these diseases. Persons suffering from epidemic cerebrospinal meningitis and amebic dysentery will be promptly isolated, and they will not be allowed to mingle with other persons until they are no longer carriers of the germs of these diseases. Cases of syphilis will be treated with some arsenical preparation, so that the soldiers will not return with the disease in an active form. It is not believed that any cases of tuberculosis will develop among soldiers of the United States army on account of the active outdoor life they will lead, but they may contract this disease if they fall into the enemy's hands and are shut up in prison camps. Such soldiers returning home may convey the disease to civilians,

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but it is probable that they will be cared for in sanitoriums and this danger prevented. The government has wisely provided for the exemption from enlistment of men who have persons dependent upon them for support, except those cases where the amount that will be received by a man after entering the army will be more than he previously earned. This precludes the possibility of persons being left without support, as the wage-earner is not called for military duty in such cases. The high cost of living may result in an increase in sickness, but wages are higher in war time and women have greater opportunity to earn money and thus provide for their necessities so that the result of economic conditions may be better in many instances than they were before the war.

The benefit to the public health which results from the assembling of a large army should not be overlooked. In the first place, every man that is selected for service in the National Army has to undergo a physical examination, and in many instances men have been rejected for conditions that they did not know existed. The calling of a man's attention to his condition will enable him to take such measures as will cure his disease or prevent its further development. After he is enlisted, he is vaccinated against typhoid and smallpox. While he is serving in the army, he is protected from disease as far as it is possible to do so, and in case he is taken ill he receives free medical treatment from the very beginning of his sickness. A man's physical condition often greatly improves after enlistment as the physical drill, active outdoor life, regular meals and abstinence from alcoholic liquors are of great benefit to him. Many photographs of men taken before and after enlistment show a marked improvement in this respect. The lectures which the young men receive on sanitary matters and the rules which they have to follow to keep their bodies clean and in a healthy condition, impress upon them the importance of personal hygiene, information which, in all probability, they would not have received in private life. When they leave the army they will remember the precepts that have been taught them and will enforce them in their own homes for the benefit of their children.

The requirements of warfare have led to the enforcement of measures which otherwise might have been postponed for many years to come. This is shown by the restrictions which all countries have placed upon the drinking of alcoholic liquors. The stringent control of the liquor traffic in England has resulted in a great improvement in

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the health of the people. These restrictions consist of a shortening of the hours during which saloons are permitted to remain open, in weakening alcoholic drinks, and in trebling the price of beer. At a recent meeting of the Royal Institute of Public Health, held in London, Lord D'Aberon, chairman of the board of control, reviewed the effect of the control of the liquor traffic. He maintained that in the public health legislation of England the significance of the liquor traffic as affecting the health and well-being of the community has been neglected. The problem had been viewed as a social one belonging to the sphere of morals rather than to medicine, with the result that evils had continued unchecked. He advocated restrictions directed especially to limiting the conditions which lead to excessive indulgence. The two main restrictions concerned the strength of alcoholic beverages and the times during which their consumption is permitted in saloons. During the war these had been reduced for over two years and the results were now available. In 1914 the deaths from alcoholism showed a slight upward movement. In 1915 there was a slight opposite movement. The policy of restriction came into force in the second half of the year. In 1916 the decline in deaths from alcoholism was enormous, amounting to over 40 per cent. for men and nearly 50 per cent. for women, as compared with the standard of 1913. Similarly the convictions for drunkenness showed a fall of nearly 60 per cent. in the cases of men and over 40 per cent. in women. The sale of alcoholic liquor has been entirely prohibited in Russia. Possibly this may have been one of the causes of the recent awakening of the Russian people which has resulted in a more democratic form of government. The use of brandy and other strong drinks has been curtailed in France. The following appeal was made by the Academy of Medicine in Paris to soldiers, warning them with regard to alcoholic beverages:

SOLDIERS—BEWARE OF ALCOHOL!

Those who, like you, are exposed to exhausting labor, to perilous enterprises, and to strong emotions, are ever inclined to look to alcohol as a stimulant and a comforter, and to seek for it in the tavern as a distraction from the monotony of cantonment and garrison life.

It is, therefore, well that you should know what use you may make of alcohol without impairing your health.

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Certain errors about alcohol are wide-spread:

1. It is said to *give strength*. This is not exact. The truth is, it gives a false spurt of short duration, but a grave diminution of strength never fails to follow this excitement. Thus alcohol takes away more strength than it gives.

2. It is also said alcohol *gives warmth*. This is true for a few minutes, but the feeling of warmth which spreads over the limbs after a nip of brandy is delusive, and is soon followed by a lessening of warmth and strength. Men who take nips are far more subject to chills and to disease to which men at the front are liable.

3. It is further asserted that in the form of a *pick-me-up* alcohol stimulates the appetite. This is quite wrong. It would be difficult to produce any man whose appetite had ever been really stimulated by a "pick-me-up." These *aperitifs*, habitually taken, lead without fail to disease of the stomach, liver, and mind.

4. Lastly, it is maintained that alcohol *taken during meals*, as wine, beer, or cider, *aids digestion*. An important distinction must be drawn between "distilled" liquors like brandy, and "fermented" liquors, such as wine, cider, and beer. Alcohol is altogether noxious. The *petit verre* after meals should be taken only on rare occasions. Fermented liquors, on the other hand, may be drunk subject to two conditions: They must be consumed in great moderation, which, as regards wine, should never exceed 1 liter (a pint and three-quarters) in twenty-four hours and *only at meals*.

Owing to the great increase in venereal disease, a National Council for Combating Venereal Disease was created in England. This council has recommended that legislation be enacted to suppress advertisements of quacks and making the transmission of venereal disease by a person who was aware that he was in an infectious condition a criminal offense. One of the earliest activities of the council consisted in undertaking, with the consent and approval of the war office, the provision of lectures to troops on the subject of venereal disease. A syllabus was drawn up, and a panel of medical men formed who were willing and able to lecture. The lecture comprised a description of the diseases and their effects, the urgent need for thorough and early treatment, a statement of the

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dangers of quackery and concealment, and an explanation of the modes of infection and of the advantages of continence. During the last two years nearly a million men have been addressed on these lines. The lectures have been invariably well received, and many letters testifying to their utility have reached the council from officers in high command. This work is still in progress, and it has recently been extended, at the desire of the director-general of the army medical service, to include a lecture to each new class of cadets at all the officer cadet schools, so that every new officer may receive the information necessary to enable him to instruct the men under his command. The council has also assisted in furthering arrangements for providing facilities for early treatment for soldiers on leave in London, so that there should be no delay in commencing treatment owing to their temporary absence from their depots. Venereal clinics have been established all over England under the control of the Local Government Board in order that all persons suffering from these diseases may receive adequate treatment. These clinics are provided with a laboratory, social service department, publicity bureau, male and female doctors, and a library, and it is hoped that this great menace to public health will be abated by these measures. Notification and compulsory treatment are, however, not required by law, as there is a feeling in England that public opinion is not sufficiently far advanced at present to enforce these requirements.

The last quoted figures (April 23) for that portion of the British army which is at home show 98,000 cases of venereal disease. In the Canadian army, to March 31, 1917, there have been 18,335 cases. In France, Dr. Gaucher reports that 10 per cent. of the patients admitted to the St. Louis hospital before the war were syphilitic. After two years of war, 26 per cent. were suffering from this disease. The increase is not believed, however, to be as much as these figures indicate, as it is thought that there were originally many unknown cases of syphilis.

The war has brought the subject of infant mortality into great prominence in England. Lord Rhonda, late president of the Local Government Board, recently said that 2000 infant lives under the age of one year, and 3000 under the age of five years, are lost every week through carelessness, want of knowledge, and lack of the necessities of life. In order to offset this condition a campaign of education has been set in motion, and no effort has been spared to bring

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home to parents, municipal authorities, societies, school-children, and the general body of citizens, by meetings, lectures, leaflets, exhibitions, competitions, films, and in a score of other ways, the vital importance of mobilizing for the prevention of infantile mortality and the preservation of the health of mothers and babies. Baby shows and "pram parades" are among the more picturesque features of the plan for popularizing the cult of the child. By these means it was shown that the things needed were cleaner and healthier homes, proper food, and care for expectant and nursing mothers, more maternity centers, more health visitors, more skilled attention for mothers and children, and pure milk for the children. A report of the Local Government Board shows that it was absolutely necessary to take some action in this matter as in 1915 there were 64,569 fewer births than in 1914, and 10,315 more children under the age of five years died in that time than during the previous year. In the four years before the war, one-quarter of all deaths occurred among children of this age.

The possible effect of war upon the public health of this country is receiving attention. The United States Public Health Service has undertaken, in coöperation with state and local health authorities, the Army Medical Corps, and the National Red Cross, the establishment of thorough and effective sanitary control of the civil districts around National Army cantonments, and measures are now being taken to place these sections in a sanitary condition. An experienced officer has been placed in charge of each district and work is now under way to prevent the breeding of flies and mosquitos, to screen all houses, to provide for the safe disposal of waste products, to see that the drinking water is free of impurity, and that milk and food supplies furnished the people will not convey disease.

There are many ways by which hospitals can aid in the preservation of the health of the people. The physical examinations that are made of all persons entering a hospital are of great value in discovering incipient diseases or conditions that may be alleviated or cured by treatment. Some hospitals are furnishing free treatment to persons who have been refused admission to the army on account of physical defects that can be remedied. Hospitals should provide a ward for the treatment of venereal diseases, and a night clinic should be held at dispensaries for these cases. Many of these patients cannot get away from their work to attend these clinics during the daytime. The blood of all

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persons whose symptoms may be due to syphilis should be tested for the Wassermann reaction upon being admitted to hospital in order that proper treatment may be given if the test is positive. Persons who have had typhoid fever, cerebrospinal meningitis, or dysentery, and other communicable diseases should be urged to stay at the hospital until they are free from the germs of these diseases, and if it is impossible to hold them, the board of health should be notified in order that it may take such steps as are necessary to prevent their being a menace to other persons. Hospitals should coöperate with social and welfare workers and teach the people to avoid disease.

Proper methods of living should be taught, such as opening of windows at night and airing of rooms in the daytime to prevent colds, measles, pneumonia, and other respiratory diseases, abstinence from alcohol to conserve the vital forces of the body, the necessity for sufficient hours of rest to recuperate from the strain of hard work in order to avoid the effects of accumulated fatigue, and the eating of a varied and wholesome diet to escape nutritional diseases. As an example of the good that can be accomplished by a hospital along these lines may be mentioned the work that is being done by the Social Service Department of the Philadelphia General Hospital among children and women, admitted to its wards, suffering from venereal diseases. A careful social history is taken and attached to the medical record. This history covers the home of the family, the hereditary history, the patient's previous medical history and a history of the present illness. The source of the infection is ascertained, if possible. While the patient is in the hospital, the home is being treated. The social worker establishes friendly relations with the patient for the purpose of ascertaining minutely the health of the various members of the family. The home is visited, and other members of the family are sent to a dispensary if they can be persuaded to go.

Hospitals should work with the city health departments and assist them in every way in their efforts to preserve the public health. They should be the center of all health activities in which they are situated. A cordial relationship should be maintained between the hospitals and physicians living in the area, and the latter should be encouraged to look to the hospital for help when nurses or supplies are needed for the poor. All cases of tuberculosis should be reported to the hospital in order that these patients may be taught how to care for themselves and how

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to avoid spreading the infection to persons who come in contact with them. A large number of hospitals are already doing work of this character, and it is believed that if all hospitals should enlarge their activities in this direction, a great good will be accomplished.

THE CHAIRMAN: May I have unanimous consent, to save time, to express to Dr. Stimpson, in the name of the Association, our high appreciation of his coming here and presenting to us this most valuable material for our consideration and our records? The afternoon program will be postponed until eight o'clock to-night. The business meeting will be held at four o'clock to-day, and the Secretary has an additional announcement to make.

MR. WRIGHT: I have just had a telephone call from Mr. Chapman, at Mt. Sinai Hospital, who is making arrangements for your reception there and luncheon. He hopes that we will start from here in just fifteen minutes. The automobiles are parked right here on East Fifth Street. Every one who is going on the ride will please go down the stairs and right out the Sixth Street entrance of the hotel. The cars are there now and we will be happy if you will get there and into the cars as soon as possible.

(The meeting then adjourned.)

SMALL HOSPITAL SECTION

THURSDAY, SEPTEMBER 13, 1917, 9 A. M.

President Wilson in the chair.

THE CHAIRMAN: This is the meeting of the Small Hospital Section. The Large Hospital Section is in the other hall. The first paper of this morning's section is "The Relation of Superintendent to Governing Board and Obligation as Admitting Officer" by Miss Alice C. Cleland, of Northampton, Mass.

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THE RELATION OF SUPERINTENDENT TO GOVERNING BOARD AND OBLIGATION AS ADMITTING OFFICER

ALICE C. CLELAND
Northampton, Mass.

Mr. Chairman, Ladies and Gentlemen: Hospitals develop on much the same general plan as do individuals. Their life's work, ambitions, usefulness, and the extent to which the influence for good impresses society in general are the result of factors entering into the life of each. Environment, development, education, association, aspirations, guidance—these are important factors in the determination of the usefulness of the individual, and they are no less important in the life of a hospital. A hospital should fulfil its mission wherever situated, and environment should not mean the place and circumstances in which it finds itself surrounded, but the dignity and character with which it surrounds itself. Thus, a large hospital in a city, offering service to many and with wonderful possibilities, may fail, while a small institution in a community town with limited service is a success. Development means advancement through a series of progressive changes implying that perfection is never reached, and I feel you will all agree with me that such a state has not yet been attained by hospitals. It is, however, evident that progressive advancement has been made throughout the country, and each succeeding year finds us eager in the application of new and progressive ideas. That improvement of hospital conditions during all time has been accomplished by education is axiomatic, but do we know all of our needs? We are perfecting our course in nursing. We are improving in dietetics and service to the patient, but executive difficulties are still too numerous, and the personal interest which we wish others to show in us is often a stranger within our gates, excluded by the professional life to which we confine ourselves too closely. Perhaps nothing so measures the value of the individual as a knowledge of his aspirations. Unconsciously we all labor to attain certain ambitions, and we are buoyed up by the

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hope of reaching the goal. Persons aspire to wealth, to fame, to positions of power. Many fail to realize this as a selfish element. The one who aspires to be of service to humanity, who thinks of others as well as of self, who devotes himself to unpleasant tasks as well as to those pleasing, is exhibiting some of those qualities that combine to make the world better and life happier. So the hospital that takes the sick one within its portals, radiating the feeling of personal attention, thoughtful and scientific care, where relatives and friends are brought to realize that your interest is as great as theirs, is doing its part to make grief-stricken hearts brighter, to increase the usefulness of the hospital, to receive the confidence of the community, to establish itself as a necessity to which the public shall express its appreciation.

Thus far I have outlined in general the direction toward which the small hospital should bend its energies, some of the results accomplished, and many ideals yet to be realized. What agencies are responsible for the success or failure of the hospital? Why are not all elements necessary for its successful growth and development, organized, energized, and kept constantly before us as active principles? For three very distinct reasons: inactivity on the part of the governing board, indifference or incompetence on the part of the superintendent, or lack of coöperation between the governing board and the superintendent. The governing board or trustees of a small hospital, to get the best results, should be of sufficient number so that exchange of ideas and constructive criticism shall occur. A small board is usually dominated by the most forceful member, and soon we have a one-man hospital. A large and representative board can be divided into committees with special powers. The superintendent can confer more freely with them on all matters pertaining to requirements, patients, nurses, improvements, and changes in routine. They, as well as the superintendent, have more time for consideration of important matters, and the full board meetings are freed from much detail, and able to act intelligently and quickly. The superintendent, while feeling free at all times to appear before the board with suggestions, explanations, demands, criticisms of herself and others, with repentance for known errors, always frank and confident of striving to do right, should never feel herself a member of the board, but make her report clear and consise and depart. Her relation should be as an expert manager of a corporation to his board of directors. She is to use every endeavor to bring the

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hospital to its highest power in efficiency—her effort more to the institution and its patients. While the board offers her encouragement and aid, they stand a responsible body to adjust differences, administer justice—a court to which the public may go with its indictments or praise. A superintendent should be able to direct the action of the board along lines mapped out for general improvement. Tact is the sheet-anchor. A threatened controversy may be averted if you get the viewpoint of the board before expressing your own.

A superintendent should be well trained in hospital work, and while subordinate to the governing board, should have sufficient authority over all the departments of the hospital. A superintendent's obligation as an admitting officer in a small hospital is a duty from which there is no escape. In a large institution the ideal method of admittance is through an admitting physician, who gives all his time to the cases; thus even distribution and preliminary diagnosis is attained; overcrowding with chronic cases is avoided, and cases requiring ambulatory treatment are segregated. In the small hospital some of these conditions do not exist; there is usually plenty of room. Chronic cases may be cared for for a short time. We are not troubled by cases for free consultation, and unsuitable cases are sent out by the staff within a short time. Here, also, most patients are sent to the hospital either as emergency cases or sent by the staff members; therefore the function of the superintendent as an admitting officer is clerical on the professional side of the case, but her duty should not end there. As important as the professional element may be, the comfort of the patient and the confidence of the friends are obtained largely through the social side of admittance. Patients should not be admitted as so many cases, but as apprehensive human souls, whose fears must be stilled, whose hopes must be raised, whose minds must be opened to the fact that they are to be cared for not by rule, but by reason. Friends and relatives become at once agents for the growth of the hospital, and a feeling of confidence as the care and treatment of the patients become general in the community.

I have not mentioned the diagnostic side of the case—as it is understood that patients come to the small community hospital by the order of a physician who has previously notified the hospital that he is sending in a patient, and gives his diagnosis at that time. Occasionally a patient walks into the hospital and asks to see a doctor. In that case any nurse who is a superintendent of a hospital will

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know what to do. If an intern is at hand, it will be an easy matter; if not, the patient is made comfortable in the accident room or the admitting room until the staff member arrives, which is seldom more than a half hour. It is well in such cases to have in mind the possibility of contagion, as a patient may have been exposed to some contagious disease unconsciously.

It should also be borne in mind that any patient, during the first weeks of hospital residence, may develop infectious disease, contracted before admission, and again the possibility of patients being carriers should never be overlooked, and routine cultures from throat and nose are advisable.

THE CHAIRMAN: Miss Cleland's paper is now open for discussion. We need not be a bit bashful about discussing each other's papers. This is a rather intimate collection in this section, and if any of you have questions to ask, if there is anything in the matter of the relation of an admitting officer or the relation of a superintendent to the governing board that you felt, during the year, you wanted to bring out, now is the time to do it. We are here for that purpose and we may talk intimately with each other, not formally.

DISCUSSION

MRS. W. D. HARPER: I would like to ask a question that has been a rather troublesome one in my board, and I want to know if any one else has the same difficulty to face—the question of admitting colored patients into private rooms in a northern hospital; in the southern hospitals they do not have that question to contend with; we have the black and white in different wards. Would you admit a colored patient into a private room?

THE CHAIRMAN: I should say that was a question that might interest a good many of us. Have you any further discussion?

MISS FLORENCE DAKIN (Middletown, Ohio): I would like to ask about appealing to the staff; when a hospital is open, what is the obligation of the admitting officer, the superintendent, in an open hospital, when you cannot appeal to the staff, when the patient comes to the hospital and walks about there?

THE CHAIRMAN: Miss Dakin's question is very well taken. She wants to know what is going to happen when there is an open hospital and the admitting physician is really the private physician of the patient, who has nothing to do with the admitting officers of the hospital. Are there any further remarks or questions?

MISS M. M. CUMMINGS (Sharon, Pa.): I would like that lady to ask that question again.

A MEMBER: For some reason it seems very difficult to hear anything. If the speakers would speak a little louder and face the audience, I think we could hear better.

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MISS DAKIN: The question I asked was, in an open hospital, where there is no staff and the patients come and say they are sick and want a doctor, what is the superintendent to do when there is no staff—no one appointed to appeal to?

MISS CUMMINGS (Sharon): I misunderstood the question. I have a staff.

DR. WALTER MORRITT (Colorado Springs): In the west we have the open hospital entirely, and when a case like that comes up to us, we simply have a list of half a dozen doctors who will take cases whether there is any money in them or not, reliable men, and we take turns, giving one to one man and the next time a case comes up, giving it to another man so as to save any friction, and the men understand that cases that drop in in that way are referred in regular order to a certain group of physicians who are willing to do such work.

DR. G. A. KEINLE (Mansfield, Ohio): When a patient comes who has no friends, who is a total stranger in the community and is sick, we have the best opportunity to call the township physician, a man who is in charge of all those cases in the community, and we never go wrong when we call the township physician. If the patient afterward turns out to be a pay patient, he can receive the remuneration just as easily as any other doctor, and perhaps is just as glad to take it. In regard to the admittance of colored patients, I would rather have them in a private room any time than have them in the ward.

DR. A. G. LOHMANN (Cincinnati): We are so near the border-line of the division of colored and white, still the laws compel us, of course, to take colored patients. We will not take them if we don't have to take them in a ward. I don't think there is any one of our hospitals that take them in a ward. We do not take them in the ward and our private rooms are generally filled. They must take private rooms. We are not compelled to take them in the ward; and as to the admitting, we have, and I suppose every other hospital has, a medical man and a staff man, or I meant to say a surgical man and a medical man on duty during the month and whenever a patient comes in, there is absolutely no question about it; if Dr. A is on duty in the medical department and it is a medical case, the superior says "Doctor, here is a case in the ward for you." If it is a surgical case, she tells the surgeon that is on duty, so there is no friction at all. The staff physicians divide their time. We always know who is on duty, medical or surgical, and they have that in every department. It is an open hospital, but when they come in as a patient without a physician, then they become staff patients; no outside doctor can treat a patient in the charity ward.

THE CHAIRMAN: Is there any further discussion?

DR. B. M. FOWLER (Poughkeepsie): What shall be done with a colored patient, or what shall be done with a patient who drifts into the hospital, depends very much upon the local conditions or the conditions that prevail in the institution. Now at Poughkeepsie, which is remote from the strong sentiment against the colored race, colored patients are admitted in the open ward, so far as I have ever been able to discover, and there has never been the slightest objection to them on the part of the other patients. How they may feel in their innermost consciousness I don't know, but there has been no open expression of objection. Some time ago I went into a hospital in Washington and remarked to the house doctor who was showing me around, referring to the segrega-

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tion of the races; I told him about one of our interns who came from the south and went into the ward and saw a colored patient there and was very much amazed, and this doctor said, "Did he stay there?" "Yes." "Well, he ought to have left." We have had several young men from the south, and while it jars them a little bit when they first arrive there, they seem to become quite accustomed to it because the spirit of the locality is such that that does not come prominently into note at all. Now in regard to the admission of the straggling patient—in our institution, when a patient comes to the door and applies for admission, he is given the benefit of the doubt and admitted forthwith; if there is any possibility of his needing hospital treatment he is examined by the house doctor to see whether or not he has any suspicion of contagion or infection, and is then assigned to his ward, and the attending physician who may be on duty then looks him over and proceeds to treat him; but I endeavor to have the hospital run on the principle that it is primarily for the treatment of sick people, and every person who applies is entitled to the benefit of the doubt.

MISS ALICE THATCHER (Cincinnati): I would like to know how many superintendents present are members of the Governing Board with power to vote. That matter was discussed somewhat in our Board and it was finally decided that the superintendent should be a member of the Board with power to vote.

THE CHAIRMAN: As many superintendents as are members of the Board will please hold up their hands. Ten.

MRS. W. D. HARPER: I am also vice-president of the hospital.

DR. A. G. LOHMAN (Cincinnati): How do you do it when the sentiment of the community is against you?

THE CHAIRMAN: The next paper on the program is "Clinical Laboratory for the Small Hospital," by Miss Nell F. Parrish, of Liverpool, Ohio.

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THE CLINICAL LABORATORY FOR THE SMALL HOSPITAL

NELL F. PARRISH
East Liverpool, Ohio

The progress of scientific medicine and its application to the human need has made such gigantic strides that the need for the clinical laboratory has become paramount to the need for the hospital itself.

Perfect clinical diagnosis, which is so essential in the treatment of disease, can be obtained only where you have a properly equipped laboratory combined with a director having special training in this work.

Laboratory diagnosis is essential not only to the welfare of the patient, which is the first consideration, but to the young physician who comes to you with a year of his service given gratuitously, in return for which he expects training which will materially aid him in his future work. The pupil nurse, too, in the modern hospital, in order to receive the necessary training, must have the many advantages of laboratory work.

The clinical laboratory may seem much to the community at large, as the majority of individuals take great pride in having any public institution compare favorably with its neighbor.

Then, too, it may be made a means of financial gain, as operated by a skilful physician much work may be done for outside physicians, not only in your own community, but adjacent ones as well. Urinalyses, chemical and microscopic examination of sputum, stomach contents, sections of tumors, blood count, Wassermann test, Widal reaction, diphtheria culture, and many others too numerous to mention, for which a charge ranging from two dollars to fifteen can easily be obtained.

In placing the subject before you I shall endeavor to give you, not a dream in marble and costly apparatus, but a laboratory furnished with an equipment suitable for obtaining the best results in scientific medicine through careful and correct diagnosis.

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The first step in the accomplishment of this purpose is to secure the coöperation of your Board of Directors by arousing this interest in the need for the clinical laboratory. You will have no great effort to make if you can show evidence of one case which might have been saved had you been in position to make a correct diagnosis.

Having obtained their coöperation, the next step is the selection of a room, which should have northern exposure in order to obtain the best light, which is very necessary in microscopic work. This room should be conveniently near the operating room, that too much time should not be lost in conveying specimens to the laboratory during the process of an operation. It should have means of perfect ventilation, and be of a size commensurate with the needs of the institution and the equipment furnished. The room should be provided with running water, both hot and cold, cupboards for supplies, and shelves for specimen jars, also sufficient tables to accommodate the operator. These tables should be of a height convenient for the standing analyses and high stools provided when desirable for microscopic work. They should be preferably of cypress, and painted black. If desired, the wood may be covered with plate glass. Formulæ and notes may be placed in a convenient position beneath the plate glass, where they are easily accessible for reference. Laboratory reference-books should be kept with laboratory equipment ready for convenient reference. Gas connections for Bunsen burners must be provided in convenient places. Floors or floor covering may be of tile or any of the standard floor coverings, or may even be of wood and painted some dark color.

Having the room prepared, we will speak of the equipment proper, the amount of which will depend largely on the size of the hospital, the director, and financial condition of the institution.

In the larger hospital, where there are available funds and the operator has had a more extensive training, the equipment will necessarily need to be more extensive than that of the smaller hospital, which has to depend upon a man of moderate training, and where money is not so plentiful. In the last mentioned the equipment must be selected with the greatest care, only such things as are absolutely necessary being procured. The following list includes the things which are particularly essential in performing the work. A microscope of first quality equipped with triple lens and oil-immersion lens and counting stage, incubator, sterilizer hand centrifuge, ring stand with buret holders,

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slides, cover-dishes, test-tubes, evaporating dishes, staining jars, funnels, graduates, stirring rods, filter paper, flasks, and culture-media which can be obtained from any reliable pharmaceutical house. However, a laboratory manual will supply you with the necessary information when selecting these supplies.

The principal laboratory diagnosis of disease essential to the modern hospital are: tuberculosis, diphtheria, typhoid fever, malaria, erysipelas, hydrophobia, gonorrhea, and surgical infections. Equipment of laboratory should include means of making these diagnoses in sputum, feces, urine, and blood count examinations.

As to the operator: In the hospital where the necessary funds are available, the laboratory should be in charge of a director who has had special training in pathology and bacteriologic technic and diagnosis. He should be a graduate of medicine, and should be paid a regular salary and be on call constantly.

Where the hospital is not so fortunate financially as to be able to pay a regular salary, the work may be done by one or more of the physicians who have acquired this knowledge through study and association with the greater men, and who are willing to give service to the hospital gratuitously for the privilege of using the laboratory for their own work.

Each man may serve for a period of from two to six months, depending upon the number of men, and giving certain hours each day when all regular laboratory work may be done, and being on call for anything special.

Where the small hospital is so fortunate as to have a man in charge of the *x*-ray department, the work of the two may be combined, the operator conducting both and working on a percentage basis.

Even the smallest hospital may at least do urinalyses and blood count, the work being done by a supervising nurse, who, with a little instruction, may become capable. To summarize briefly: Every hospital, in order to render such service to the public as it has a right to demand, should have a fully equipped laboratory, directed by a thoroughly competent man, or an affiliation with some laboratory, either private or public, where such work may be accomplished.

THE CHAIRMAN: This very excellent paper of Miss Parrish is now open for discussion.

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DISCUSSION

DR. JOHN MCLEAN MOULDER (Kansas City): We very unfortunately were not able to supply all the instruments and appliances necessary to equip a first class laboratory when we opened our hospital, the Bethany Hospital of Kansas City. I commenced to look around for a man who would supply the needs and do all our work on a percentage basis. I found a most excellent physician and a man who had a great deal of experience and he agreed to furnish everything that was necessary to put in a first class laboratory and also *x*-ray appliances, all that was necessary, and take it on a percentage basis. This I brought before my board and they left it all with me and we made a contract with the physician and he does all of that work on a percentage basis; all that we furnish is a room or rooms and the electricity and gas. We divide the receipts equally; he takes 50 per cent. of it and we take 50 per cent. and we have found it a very excellent plan, and I have wondered whether other hospitals have adopted the same plan or not. Our hospital is a hospital of 125 or 130 beds. We do from 100 to 150 operations a month. I haven't in my mind now just how many pathologic examinations we make a month, but during the last year we made something like 1500, and you get some idea of the amount of work done in a small hospital with a man who is not on a salary, but is on a percentage basis. I think it is strictly legitimate, both to the physician and the hospital, and we haven't a penny invested in it and we have as good an *x*-ray laboratory as you will find almost anywhere.

MR. C. EUGENE STRASSER: I am in a private sanatorium. There is a big difference in an institution that attends purely to charity cases and admits private cases only to apply the profits to the charity part of the institution.

THE CHAIRMAN: The gentleman's point is well taken, but it does not relate to the point we are discussing.

MR. C. EUGENE STRASSER (Brooklyn, N. Y.): I am coming to the point; in consequence it is not necessary for us to know what a private sanatorium would do in the case of laboratory or *x*-ray work. The idea of charging a patient three dollars if the patient is poor is preposterous. To charge him three dollars if the patient can afford to pay more is preposterous.

THE CHAIRMAN: We all know how good you are, and I am not going to let you bring into this discussion the question of whether we are going to charge for our laboratory or not. We want to know about the clinical laboratory of a small hospital; whether it pays or not is out of order.

MR. STRASSER: You admitted the first discussion, and I was going to continue the discussion of the same thing.

MISS MARGARET CUMMINGS (Sharon, Pa.): Dr. Baldwin has made my life miserable, I know, for a good many months, to equip a laboratory. We equipped it at an expense of between $1200 and $1500. We put the pathologist on a 50-50 basis. That was a very decided failure; then I put the pathologist on a salary to see if he would not attend to his work. At the end of one or two months I think he had $100 in his pocket. I have now at the Polyclinic Hospital in Philadelphia a nurse taking the pathologic course there, and we are going to put her in charge of the laboratory at a salary of $75 a month, regardless of what we are going to get out of it, as soon as her course is finished.

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THE CHAIRMAN: Again being out of order, I think if we all know that we can control our laboratories ourselves, unless we are extremely fortunate in the contractor that we have, that is the better way. I am sure that Dr. Camp would agree with me on that; he would not give up control of his laboratory for anything on earth.

DR. G. A. KIENLE (Mansfield, O.): I would like to say that a clinical laboratory is a desideratum in any hospital—very much to be coveted; but as long as the State of Ohio is perfectly willing to do all these tests and make all the analyses for nothing, for any doctor who sends a specimen to Columbus, Ohio, it is saddling a great expense on a small hospital to have a private clinical laboratory.

DR. F. G. STUEBER (Lima, Ohio): The gentleman who just spoke uttered some truths, and yet the question is, what is a small hospital, and if the laboratory is necessary for a large one, it is necessary for a small institution just the same, it matters not whether a hospital has a dozen beds or a hundred, the requirements would be the same so far as the examination and carrying out the details and technic are concerned. We have a hospital of 75 or 80 beds, and for the past year have been trying to get equipment and a man; we can get neither. We have made quite an effort. If some one can suggest a way out of our trouble, it will be an aid, I am sure. The question has come up as to how it should be supported. Probably the laboratory man—and whether it will pay or not—that is not the question at all, or should not be; it is the need we must fill, and it will pay for itself in time. We need a competent man, and by getting this party in time we will get the local profession to support or aid in the support of our man, and the State, of course, as has been said, will do some work for us, but the State Department is not at hand—it is not available—for that reason it is not accessible; we need the laboratory right in the hospital and on the same floor, if we can so arrange it. Our trouble has been to get the equipment and a man; we have not been able to get any one or anything.

MRS. IKER: We have a 100-bed hospital and employ a nurse to do our laboratory work and find that it is very satisfactory. I make my laboratory more than pay, and we do not charge a flat rate for everybody, we charge for the work that is being done.

DR. STUEBER: Is the nurse trained?

MRS. IKER: She has had twelve years' experience.

DR. STUEBER: I should call her a pathologist.

MISS KATHARINE M. PRINDIVILLE (New London): In New London, Conn., I think any hospital, no matter how small, would not be a hospital if they did not have a laboratory. If they have only a dozen patients, they should have the benefit of a laboratory. It is all well enough to send specimens to the State Laboratory, but if a patient comes in, to aid the doctor in the diagnosis, they must have a laboratory there and a technician at once to aid them, and I really do not think it should be dignified by the name of hospital if it has not a laboratory, and all hospitals should see that a paid technician is in their hospital. It is just as important and more important than a dietitian or any other heads of departments, just as important as the engineer or more important; and to-day I think that a laboratory is essential in every hospital. We have one; we pay our technician $75 a month in a hospital of 60 beds.

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THE CHAIRMAN: There has already been brought out the fact that trained nurses may be made laboratory assistants and technicians equal to any others that we all know. Every laboratory in the country is now turning out what are known as laboratory assistants, people who can do all the technical work of a laboratory but cannot make a diagnosis; sometimes they can do that, but are not allowed to make a diagnosis, put it that way. Under an able man you have the initial material in your own hospital to-day, no matter where they are. Primarily I am not a hospital man, but I am a laboratory man, having been for many years in charge of a New York laboratory.

MISS PRINDIVILLE: We make no extra charge for our laboratory work in the ward, it is included in the charge for rooms and in the wards it is free.

DR. B. M. FOWLER (Poughkeepsie): I would like to inquire in regard to the difficulty of obtaining a pathologist. Is it a matter of money or of finding the man, and what ought a pathologist in a 100-bed hospital receive and where may they be obtained?

THE CHAIRMAN: Dr. Stueber, will you let me answer those questions? The pathologists in a 100-bed hospital should get $1800 a year and maintenance; you cannot keep him for more than a year, for he is going somewhere where he can get $5000 at the end of one year. You can get him if you are successful by taking the junior members of the staffs of the various colleges and clinical laboratories of the United States; that is the only way you can get him, unless you get trained technicians that you train yourself, who are willing to stay with you and be your slaves because they like it. Is there any further discussion? If not, I will ask Miss Parrish to close the discussion. I want to impress upon you the fact that she started out by saying that the paramount need of a hospital was its laboratory.

MISS NELL F. PARRISH: I will repeat what I said before, that I do not think any hospital can be wholly successful unless it has its laboratory. We have a good many cases where we do laboratory work immediately which cannot be obtained by sending specimens away.

THE CHAIRMAN: The next paper on the program for this morning is "Visitors and Visiting" by Mr. James Geffen, of Mt. Sinai Hospital, Philadelphia.

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VISITORS AND VISITING

JAMES GEFFEN
Philadelphia

In accepting the invitation extended to me by our worthy President to write a paper on the subject of Visitors and Visiting, I was fully aware of the difficulty of the task, because conditions vary to such an extent in different hospitals as to make it impractical to lay down set rules. In the course of an extended inquiry and investigation, the fact was clearly disclosed to me that the rules and regulations governing the admission of visitors to patients undergoing treatment in hospitals are so nearly alike as to lead one to believe that practically all have been copied from one and the same model, and that by some tacit understanding, or misunderstanding, it has been agreed upon that none should introduce a change even though all will unhesitatingly agree that changes for the better in that direction are sorely needed.

I was, therefore, prompted to write this paper, not because I can individually bring about radical changes, or revolutionize the field, but in the hope that universal discussion may bring about certain changes and ultimate betterment to justify this humble effort.

It is safe to assume that all will agree that hospitals are first and foremost for the treatment of the sick, but since the question of visitors and visiting is so closely interlinked with the care of patients in the hospital, the problem becomes very complex and calls for extraordinary judgment to determine if this latter question can be entirely eliminated, and that if it would serve the best interest of those who should receive our primary consideration, or, if it can be only partly mitigated, by striking the happy medium.

Due consideration of this subject, however, makes it clear that total elimination of visitors is neither practical nor possible. First, it has been proved that the mental anxiety of the patient, because of total absence of visitors, would be a retarding factor in the progress toward recovery, and, secondly, were this not even the case, public opinion,

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upon which every institution so greatly depends, would be hopelessly against it—not only to a point of withholding financial support, but to a point of impairing its usefulness; for it is safe to say that few would enter our wards with the prospect of being utterly secluded from their relatives and friends. Admitting, then, that visitors must be permitted, we will confine ourselves to the discussion as to which way it can best be done, and how we can best serve the interest of the patient and visitor.

Undoubtedly, the greatest problem of visitors is encountered in our large general wards; we are often obliged to refuse visitors to patients whose condition is such that it would be detrimental to him, and yet all around this very patient are visitors whose loud speaking and commotion are often more unbearable than would be a relative who, perhaps, would be content to stay only a few minutes. It is true that, when possible, patients in a serious condition are removed during visiting hours to some room provided for that purpose, or a screen placed around the patient, but as the former is not often possible or practical, because, by removing him the patient's suspicion is aroused and unduly excited, and to place a screen around the patient is overcoming the difficulty to a very small extent; it would, therefore, seem advisable to restrict visiting to the general ward patients as much as possible and practical.

Most institutions permit visitors to the general wards three or four times a week, and allow them to stay from two to four hours, thus causing an unrelieved strain upon the patient. While conditions impose upon us the necessity of allowing visitors three times a week, it does not appear to be absolutely necessary that the time for visitation be prolonged to the period generally allowed. The writer feels that the reduction of time limit to one hour would serve the best interest of the patient and at the same time would cause less inconvenience to the institution. Let us consider the practicability of the one-hour limit and the benefits that would accrue therefrom.

It is quite obvious to any one familiar with the nature of those visiting patients that the object of their visit is based chiefly on their anxiety about the patient's physical welfare. The conversation, therefore, should naturally be confined to that subject, and, if the average visitor would limit himself only to the essential questions that are the purpose of this visit, it would not be necessary for any one visitor to stay more than fifteen or twenty minutes, thus affording an opportunity for at least three friends to visit

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during the hour, even though only one is allowed at a time, and at the same time minimize the danger to the patient caused by unnecessary talk of visitors who have more than the above-mentioned time at their disposal. It is a fact that the more intelligent usually make their visits to the sick very brief. Viewing the question from a material point of view, we cannot disregard the inconvenience caused by suspension of many activities, both medical and institutional, for a duration of two or more consecutive hours.

The question of how many should be permitted to the bedside at one time, and the number that should be allowed during visiting hours, is quite worthy of our consideration. Most hospitals permit too many visitors to see patients during visiting hours—very often as high as 12 people will visit one patient. This custom does not serve the best interests of the patient because not only is this constant stream of visitors too great a strain upon the patient visited, but also upon those in the same ward. There seems very little reason why more than two or three people should be allowed to see a patient in one day. To further minimize the patient's discomfort, would it not be advisable to allow only one visitor at a time to the bedside of the patient, thereby relieving the patient of the strain of having to listen and talk to two at one time, which is often the case under the present system? Furthermore, it would reduce the noise created by the visitors, since only half the number would be in the ward at one time.

Most institutions confine their visiting hours to the daytime. This, I believe, is an injustice to the relatives of the sick because, when visiting is solely permitted during the day hours, there are many who either must be deprived of the privilege of seeing the sick, or are compelled to leave their work; on account of this it would be advisable to make one visiting hour in the evening. I am fully aware of the fact that the sick are usually worse in the evening, and for that reason visiting should be confined only to members of the family who cannot come at any other time. Some are against night visiting on the grounds that there are fewer nurses on duty at night, and for that reason there will be less supervision; on the other hand, it may be stated that while there is a greater number of nurses on duty during the day hours, those nurses are equally as busy and have no more time to devote to visitors, so this objection has very little weight.

The problem of visitors reduces itself in proportion to the decrease in the number of patients in a given space. This

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is why we find it more practical to allow a greater latitude to visitors in private wards. However, a one-hour daily visit should be sufficient.

In dealing with the private room patients, the problem is very easy of solution, since those visiting the private rooms do not interfere with the welfare of any other patient. Therefore visitors can be allowed nearly all day. The only thing that should be required of those visiting private patients is that they should be obliged to inquire in the office before going to the room of the patient; and if, for any reason, he does not care to receive visitors or his physician has ordered that none be permitted, it will be but a simple matter to keep visitors out.

Special Hospitals

Children's Hospitals.—There are, of course, certain well-defined disadvantages to the visiting of children. The danger of transmission of contagious diseases, which has not only been attributed to visitors, but, in some cases, has been fairly proved. We all know that as soon as the child sees its parents it begins to cry and will often continue the performance until some time after they leave. This condition is by no means a healthy one; very often being the cause of rise in temperature and a feeling of homesickness and restlessness. Furthermore, we cannot overlook the danger of food being smuggled in and given to the children with ill effects; in short, there is little room for doubt that visiting is practically always detrimental to the physical welfare of the child, and yet with all its disadvantages I doubt whether we can exclude parents from visiting their loved ones. From personal experience in a hospital that does not permit visiting to children I know that when the mother is told that she will not be permitted to visit the child, in many cases the patient was either taken to another hospital or cared for at home. Furthermore, a feeling of resentment will be engendered against such a hospital and its usefulness will to some extent be curtailed. We can and should, however, in justice to the patient, limit these visits to once or at most twice a week. None should be permitted to enter the children's ward without putting on a visitor's gown, preferably the kind that is slipped over the head and very long, making it difficult for the visitors to use their hands.

Hospitals for Contagious Diseases.—It is a fact that many children suffering from a contagious disease are treated at

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home for the sole reason that parents prefer to be isolated with the child and are willing to undergo hardships rather than send the child to a hospital in which the patient cannot be seen, except the patient be in a serious condition. But since these hospitals, until the present, have not yet given due consideration to visiting by building the institution in such a manner as to make it possible for visitors to see the patient without coming into dangerous contact with them, there is little room to doubt the wisdom of excluding visitors. In Germany some hospitals for contagious diseases have so built their institutions as to make it possible for visitors to see the patient without coming into contact with them by means of glass partitions. It is hoped that our institutions will adopt some similar plan of architecture providing for visitation to this class of patient without danger of contact.

Maternity.—Visitors to maternity cases should be treated in much the same way as those in hospitals for communicable diseases. The most rigid asepsis should be observed by the use of caps and gowns, and under no conditions should visitors be permitted to touch a parturient woman either before or immediately after confinement. On account of the nervous condition of the patient for at least twenty-four hours after confinement, visiting should be restricted to mother or husband of the woman; sometimes, due to infection or other complications, it may be wise to continue the restriction for a longer period, but in the ordinary case the sooner a woman is permitted to see those who are near and dear to her, the more rapidly will she recover her normal spirits, under no conditions should visitors be permitted to handle the infant.

Tubercular Sanatoria.—Tubercular patients in sanatoriums being as a rule physically fit to walk about and are mentally alert, will naturally dwell upon their affliction, which most certainly will have a deleterious effect upon their vitality. It would, therefore, seem to be advisable to encourage visitors as frequently as would be practical in order to divert the mind of the patient from his illness. But considering the nature of the disease, particular care and supervision should be exercised over these visitors. It is a familiar fact that these institutions, unlike hospitals, usually cover a large area, and if its visitors be permitted to meet patients all over the grounds, as is often the case, there is more harm than good to be expected to both patient and visitor. For instance, unless closely watched, a visitor in his ignorance may smuggle in food that is strictly for-

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bidden to the patient; on the other hand, out of a great solicitude, the visitor himself being blind to the danger of close contact, will sometimes, upon leaving, kiss the patient.

Visits of Outside Physicians

In some hospitals with closed staffs there is clearly indicated a desire on the part of the management to either exclude outside physicians as visitors, or to so surround their admittance with red tape as to cause them the greatest amount of inconvenience. Frequently the rules prohibit outside physicians from visiting ward patients unless accompanied by the intern. It is, of course, a courtesy to detail a house physician, but to prohibit his entering the ward without the intern is very annoying, and certainly does not inculcate a spirit of respect for, or coöperation with, such a hospital. It should be remembered that the family physician is often the family adviser, and that even though his professional skill may not equal that of the hospital staff, he is in a position to either help or harm the hospital by either favorable or adverse criticism. The best and most lasting results to the patient can be attained not only by coöperating and consultation with the family physician of free patients, but by the further expedient of permitting him free access to the hospital whenever he desires to enter. He should also be permitted to inspect the clinical charts, and the refusal to grant such rights can be considered only as an admission that the records of the case are incomplete or carelessly reported. Then, again, the hospital is performing one of the most important functions by allowing the outside physician to study the records of medication and treatment: it assists in the education of the doctor.

Registration System

Much depends upon the size of the hospital and the number of visitors allowed to see one patient, in order to determine the best method of handling and controlling its visitors. The writer, having studied the workings of many systems, is led to the conclusion that the best method and suitable for most every institution is one adopted by the Michael Reese Hospital, of Chicago, and described in the "Modern Hospital," which is the following: A board is set up at the desk in the main hall, where visitors must receive their credentials before going into the hospital proper. On this board are figures representing all the wards of the

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institution, and beneath the number of the ward are small pockets made of vulcanized rubber or some such material, the number of pockets for each ward corresponding to the number of beds in the ward, and in each of these pockets are three cards; one projects above the other two and contains merely the name of the patient occupying the bed. In front of this name card, and a little shorter, so that they do not hide the name, are two other cards, the regular visitors cards apportioned to the patient written lightly in lead-pencil so that it can be easily erased for use of the card elsewhere. It is the practice to allow two visitors only at one time, and when the two cards apportioned to the patient have been distributed to visitors, no other visitor can see the patient until the cards are again returned to the board, as evidence that the visitors have gone. If it is ordered that the patient shall have only two visitors during the day, the cards will not be returned to the rack until night. If the patient can have as many visitors as choose to call the cards are immediately returned to the rack on their surrender by visitors as they leave, and they can be given out to other visitors. Sometimes the patient is not to have any visitors at all, by order of the doctor, and in such case a note to that effect is stuck in the pocket against the patient's name, so that visitors may be refused when they present themselves. Sometimes it is necessary for the business office to see the friends of the patient for financial or other reasons, and in that case a note to that effect is slipped into the pocket against the patient's name, so that if any one calls to see the patient they can be sent to the office; or, perhaps, it is the house physician who wishes to see the friends of the patient to present some problem or make some announcement, and the note in the pocket will request that the house physician be sent for when a visitor comes.

There is no doubt that it is the desire of the management that all visitors should be treated with every courtesy and consideration, but I doubt whether this hope is fully realized, because the duty of handling visitors is usually delegated to a young clerk who possesses very little judgment and is usually not overfilled with the milk of human kindness. The success or failure of the handling of visitors is not so much the system, as it is the individual in charge. There are few, if any, more important duties than the handling of visitors, since it is the best means of establishing a friendly relationship between the public and the institution. A kind word will often do more to establish the reputation of the institution than the best medical skill. It is, there-

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fore, advisable to choose carefully the person to whom to intrust this responsibility. In my opinion a senior nurse or even a graduate would best be fitted to take charge of the visiting desk. Not only would a nurse be able more intelligently to understand the doctors' orders in order to transmit them to the visitor, but her uniform itself places her in a position to command respect, which the average clerk would find it very difficult to get. Furthermore, a nurse could become intelligently informed regarding the conditions of the patients, and in the event that the resident physician is too busy to answer questions of the anxious relatives regarding the conditions of the patient, the nurse undoubtedly could readily substitute with entire satisfaction.

THE CHAIRMAN: I am going to ask Mr. Strasser, of the Brooklyn Jewish Hospital, Brooklyn, N. Y., to open the discussion.

DISCUSSION

MR. C. EUGENE STRASSER: This is a very interesting paper, I think; furthermore, it is a very important paper, and when I think of our own hospital and the difficulties experienced with visitors, I think that something ought to be done to relieve the situation, which is probably the same in all the hospitals—may be not in the very small hospitals, because the superintendent can more easily overlook 15 or 20 patients' visitors than if the beds amount to 150 or more. This very long paper contains different articles which could be subdivided and discussed, if the time would permit, but I think so much time would be consumed with each one of the articles that I don't see how we could go thoroughly into the matter. Now the visiting to charity: in our hospital they do not permit visiting to charity. Terribly cruel but terribly good! I know hospitals where children can be visited every day by people,—the aunts, the school-teacher, the friends, the playmates,—carrying in and out all kinds of contagious diseases. I know the largest hospitals or some of the largest hospitals have an absolutely strict rule against visiting children at all. I know that in the contagious disease hospitals in New York they permit visiting, in our hospital a patient that showed the slightest symptom of contagion, they would not permit any one to go in. It may be that we are wrong, it may be that we are right, and I think it would be wise that a matter like this, of such great importance, it is not a scientific question, but it is a more important question, a humanitarian question, ought to be taken up by an Association like ours as a thing that is vital. Now another question which Mr. Geffen brought out was to permit doctors not connected with the institution, having their own patients in wards, to permit them to see the records, make examinations, etc. Some hospitals are extremely courteous and permit doctors to do those things. Now, we don't do it, and we don't do it because we had almost a lawsuit on account of that courtesy which we did extend. We don't know who is the family physician. A man walks in and says "I am Dr. Brown; I want to see Mrs. Green; I am the family physician." Now, Mrs. Green has a kind of a disease that should not be known to any one. Shall we permit a doctor

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to go in and make an examination and look at records, etc., and then go home and report to her husband, who is looking to make trouble for his wife—report a condition which we, under the law, are not permitted to disclose to any one, just because that fellow comes in and says he is the family physician? How shall we control whether he is the family physician or not? A thing like this, I think, ought to be looked into thoroughly, and those men who are wise in hospital administration should get together and give us their opinion so that we could read it and draw our own conclusions.

THE CHAIRMAN: I will ask Dr. Walsh to take the chair for a moment because I want to discuss this paper myself.

(Secretary Walsh takes the Chair.)

PRESIDENT ROBERT J. WILSON: My idea of visitors and visiting is closely connected with the term hospital. We look upon a hospital as being a hospitable place; in some places they call them hotels. The most important thing about a hospital is the patient. The next most important thing about a hospital is the visitor. Therefore, having conserved the interest of the patient, the next thing for the hospital to do is to conserve the interests of the visitor. How much or how little visiting there shall be depends entirely, or should depend entirely, upon what the physician says about the ability of the patient to see visitors, first, and, secondly, upon what the effect is going to be upon those in beds near to the visitor, if coming to see some one in the hospital. It seems to me that the whole thing of visiting is a matter that should be—it is not, but should be—a matter of medical supervision, and if our hospitals are not making it a matter of medical supervision and are leaving it to purely administrative supervision, the sooner they impress upon the medical boards what their duties are in that regard, the quicker your problem of visiting will be solved. That is your whole matter. Now if the physician is honest, if he is good, if he has the interest of the hospital at heart and his superintendent tells him, "We can only have visiting for ten minutes a day, once a week," and shows that is the fact, then they must limit it to that amount because people will suffer for the time that is taken up by the administrative staff in giving more visiting privileges; on the other hand, if you have a proper convalescent space and proper visiting room and can do it, you will make a great many people very happy by letting them have all the visiting they want. Mr. Geffen said you could not have visiting in contagious disease hospitals; I wish that were true. Fifty thousand visitors enter and leave the contagious disease hospitals of the Department of Health every year. So far we have never traced an infection to one of them.

(President Wilson resumes the chair.)

DR. B. M. FOWLER (Poughkeepsie): It strikes me that every proposition that has been discussed so far is loaded. My friend on the left speaks about a supposed family physician coming to call on the patient and it turns out occasionally that he is a fake and something serious may come of it. Mr. President, you yourself have suggested that visiting is a matter that should come under medical supervision. Now, we all know that doctors and lawyers and professional men have certain points of view that are not always common to the average man; so if you leave this matter of visiting on a purely medical basis, the human aspects of the case will sometimes be left out, and what we all want to do in hospitals is, so far as possible, to preserve the humanities of the situation.

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THE CHAIRMAN: Mr. Fowler, I have often found that the physicians are too human. Is there any further discussion?

DR. J. MCLEAN MOULDER: I just wanted to propound a question, and that is how do you manage the children visiting? I have had them come to our hospital to visit, say the father, the mother, will come around, carrying one baby in her arms and leading two others following along, heading to the ward. How do you manage that?

MR. G. A. KIENLE: I would like to know how it is possible for any family physician to get into a hospital and see the chart of a patient? If you obey strict orders, the chart is only accessible to the doctor in charge and the nurse in charge, and is never turned over to anybody, whether family physician or not.

DR. F. G. STUEBER: The question just discussed, it seems to me, can be solved if the matter is left to the patient, as to whether or not she wishes to see her family attendant or consult him; that is her privilege, otherwise I think it would be unethical for him to come in and look at the chart. I gather, from what has been said by some of the speakers, that the patients are holding receptions—all they lack are tea and waiters. It seems to me that visiting should be reduced to a minimum. I have that growing belief, and I think we have all observed that when patients are visited the day of the operation or arrival, oftentimes they become hysterical, if I may so express it, and it can do no good, and visiting at night by all means I think should be ruled out, although there may be exceptions, because it gives rise to insomnia, restlessness, and nervousness. I think the president spoke of the one in charge, the official or superintendent, who oftentimes can control the matter. I think there is something in that; I think that the official in charge—and we are fortunate in having a diplomatic and tactful superintendent and attendants who see to that, but with all that, it is not without some criticism. The visiting does not only injure the patient; if you have many visitors, reducing the visits to fifteen minutes will enable the patient to receive three or four an hour, as the essayist stated. This is not a reception, but should be limited to the immediate family of the patient, and, furthermore, it often injures those in the adjoining departments, not only the individual who is visited, but others.

MISS ANNETTE B. COWLES: It may be of interest to know how our hospital is managed regarding visitors. I think it is rather unique that we make it or have made it a rule that husbands may visit their wives any time from 7 in the morning until 8.30 at night; that does away with a great deal of unpleasant feeling. The visitors themselves to private rooms are admitted from ten to twelve in the morning, two to five in the afternoon, and seven to eight thirty in the evening. Those are for the private patients. Our ward patients receive visitors twice a week—on Tuesdays and Thursdays, from two to five in the afternoon. The children are not admitted to the ward; they are entertained downstairs. We have found it a very happy arrangement, and so far as I know, there has been no trouble with it.

THE CHAIRMAN: I am going to ask Mr. Geffen to very briefly close, as both sections are now in meeting together.

MR. JAMES GEFFEN: I believe Mr. Strasser misunderstood me. I did not say that the physician should examine the patient. What I said was that he should be able to see the chart. Somebody remarked

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that anybody may come up and examine the patient and the hospital may have a suit on hand. We assume that all doctors are ethical, and if they are not, what are we going to do about it? Dr. Wilson spoke of a very good ideal, but I doubt whether it can be carried out in practice. If you tell a visitor that you cannot see Mr. Jones because Mr. Smith, next to his bed, is very sick, he will feel very sorry for Mr. Smith, but will want to see Mr. Jones just the same. The President tells us he has had about 50,000 in his contagious hospital without any trouble.

THE CHAIRMAN: Oh! 500,000—50,000 a year.

MR. GEFFEN: Excuse me, I certainly cannot take issue with Mr. Wilson, for surely he knows more about it than I do, but, on the other hand, it may be well to know that I believe New York is one of the very few contagious hospitals that permit visiting to their patients, so that I think the others will bear me out.

SMALL HOSPITAL SECTION

THURSDAY, SEPTEMBER 13, 8 P. M.

President Wilson in the chair.

THE CHAIRMAN: The Association will please come to order. If you will look on page 14, you will see it says, to begin with, "Conducted by —— to be announced." This will be conducted by Miss Garrison, of Kalamazoo, Mich. The first thing on the program is a paper that came over from this morning's session, "A Controlling Basis for the Economic Use of the Principal Foods and Supplies in a Hospital," by Dr. H. J. Moss, of Baltimore.

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A CONTROLLING BASIS FOR THE ECONOMIC USE OF SUPPLIES*

Lack of Information in Regard to Quantitative Use of Supplies in Institutions—Method of Checking Waste by Charting Amounts of Supplies

H. J. MOSS, M.D.

Superintendent of the Hebrew Hospital, Baltimore, Md.

The extraordinary conditions incident to the terrible struggle of the past three years have brought about very serious economic problems. And we in this country are awakening to the realization that we have been too extravagant in our mode of living, that we have been wasteful, and that the successful outcome of the great war will largely depend upon our ability to conserve our resources.

When the United States Government finds it necessary to appoint a food dictator for the conservation of foods and supplies, and the Committee on National Defense, through its special committee of the most prominent and distinguished men in the medical profession, sees fit to bring about a standardization of the various instruments and appliances to be used by hospitals, and with the steady increase in the cost of commodities, ranging from 50 per cent. and in many instances to 150 per cent. and even higher, it is not at all surprising that the hospitals of this country have been much alarmed over this situation, and every administrator's attention has been centered on the most serious question of how these extraordinary advances in the cost of the management of the institutions can be met.

Several remedies have been suggested and tried. They are:

1. Increasing the cost of the private rooms, semi-private wards, and ward beds.
2. The purchasing of cheaper grades of foods and supplies.
3. Economization of the materials used without reducing the quality.

* Read before the American Hospital Association at its nineteenth annual session, Cleveland, O., September 12, 1917.

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The first-mentioned scheme has probably been adopted by almost every hospital, and the patients are now obliged to pay more for their maintenance. I wish to offer my protest, however, to an increase in the ward rates. It must be remembered that, after all, the object of a charitable institution is to give medical aid to the needy. The poor, suffering as they are from the inflated prices for the very necessities of life, are in no position to meet these added burdens, particularly when they are incapacitated by illness. I object to the second, namely, to the substitution of cheaper grades, for the reason that it is conducive to destruction rather than to the building up and improvement of the reputation and standing of a hospital.

The best manner to meet this exigency is, in my judgment, to continue as we have in normal times, but to be alert and take every advantage in the drawing of timely contracts and making proper purchases, and principally to exercise a proper control in the consumption and distribution of foods and supplies. It is upon this latter phase that I shall dwell briefly in this paper.

How many busy superintendents of large hospitals know exactly the daily quantitative use of supplies? How many know or are in a position to know how many pounds of bread, how many dozens of eggs, quarts of milk, pounds of coffee, pounds of meat, etc., are used in their institution daily? Yet such knowledge is all-important and essential in determining whether or not the individuals entrusted with the preparation and the distribution of foods have exercised economical and judicious supervision.

The question of waste has always been a much-discussed subject, but, in perusing the literature, I have failed to find any definite comprehensive system or scheme for its prevention. We are told that the superintendent must ever preach "economy" to his subordinates. How unscientific! At an address recently made by Miss Alice Hill Chittenden, president of the New York State Association Opposed to Woman Suffrage, she charged the hired household servant of today with being a marvel of incompetence, wastefulness, and indifference, and absolutely unamenable to discipline. I believe that every hospital superintendent's experience with domestics during the past year will lead him to coincide with the views of Miss Chittenden. How, then, are we to regulate and control this inefficiency?

It has been and is now the custom of every hospital superintendent or committee of the directorate or trustee to study the monthly expenditures and analyze the several

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items; comparing the costs with those of the corresponding months of previous years, or with the previous months of the same year, with a view of determining whether or not the price of the articles in dollars and cents was increased or reduced for the month under consideration, thereby judging the efficiency of the persons in charge of the several departments. But during the past year this study has been absolutely valueless. The steady increase and fluctuations of prices has so varied that, although the expenditures for a certain item may show an increase at the end of a month, it does not necessarily follow that a larger quantity was consumed.

TABLE I. COMPARISON OF EXPENSES IN STEWARD'S DEPARTMENT, AUGUST, 1916, AND SEPTEMBER, 1916

	August, 1916	September, 1916	August, 1916	September, 1916
Meats	$672.36	$705.18	Beef..2,866 pounds Lamb. 679 pounds Veal.. 470 pounds	2,899 pounds 675 pounds 696 pounds
Milk and cream	409.32	422.99	Milk..1,490 gallons Cream 22 gallons	1,480 gallons 28 gallons
Fish	57.55	75.45	845 pounds	885 pounds
Coffee and sugar	246.33	255.09	Coffee 466 pounds Sugar.1,713 pounds	528 pounds 2,047 pounds
Fowl	221.59	255.48	885 pounds	1,007 pounds
Bread	149.19	170.55	1,905 loaves	2,230 loaves
Butter	185.00	206.48	580 pounds	605 pounds
Eggs	429.05	581.05	1,475 dozen	1,642 dozen
Oranges and lemons	186.70	114.25	..	..

Patients' days, August 4,036
Patients' days, September 4,044

And so at the end of August, 1916, we began to total and summarize the quantities of the several foods used, and when we compared them with the following month (as is demonstrated in Tables I and II) we immediately realized that the simple preaching of "economy" is not sufficient. We discovered that, although we had practically the same number of patients' days in September as in August, with one day less to feed employees and nurses, nevertheless we used in September 255 pounds more of meat, 40 pounds more of fish, 62 pounds more of coffee, 334 pounds or one barrel more of sugar, 122 pounds more of poultry, 325 loaves more of bread, 25 pounds more of

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butter, and 167 dozens more of eggs. This information was a revelation, which inquiry and investigation could not explain. It was too late. There was no way of tracing the cause. And how can anyone be expected to remember what might have occurred during a period of thirty days? Of two things we were certain, namely: (1) that we were wasteful and unbusinesslike; and (2) that we had no system or means of controlling the situation unless we could have a daily check on what we were doing. Thus, we devised the chart system as is explained in Figs. 1, 2, 3, and 4, with the patients as an indicator. The several heads of the departments are required to keep a daily record of supplies

TABLE II.—COMPARISON OF EXPENSES IN STEWARD'S DEPARTMENT, SEPTEMBER, 1916, AND OCTOBER, 1916

	September, 1916	October, 1916	September, 1916	October, 1916
Meats	$705.18	$592.00	Beef..2,899 pounds Lamb. 675 pounds Veal.. 696 pounds	2,360 pounds 648 pounds 625 pounds
Milk and cream.	422.99	400.75	Milk..1,480 gallons Cream 28 gallons	1,420 gallons 30 gallons
Fish	75.45	65.20	885 pounds	755 pounds
Coffee and sugar	255.09	225.67	Coffee 528 pounds Sugar.2,047 pounds	366 pounds 1,580 pounds
Fowl	255.48	219.49	1,007 pounds	800 pounds
Bread	170.55	174.69	2,230 loaves	2,190 loaves
Butter	206.48	207.39	605 pounds	565 pounds
Eggs	581.05	574.50	1,642 dozen	1,530 dozen
Oranges and lemons	114.25	58.75	..	..

Patients' days, September.....4,044
Patients' days, October.....3,945

used (indicated in Table III). This record is presented every morning to the superintendent and the items are charted and comparisons made. The superintendent is then in a position to judge whether or not the consumption was justifiable according to a budgetary per capita allowance. If not, the head of that particular department is called to explain, and we do not have to wait until the end of the month for the information. If the chart of the previous day shows an increase in the number of patients, we justify a reasonable and proportionate increase in the quantities used; if, on the other hand, there is a decline in the number of patients, we expect a reduction.

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TABLE III.—DAILY RECORD OF SUPPLIES USED

Bread

Wards	Old people	Help	Diet Kitchen	Doctors	Nurses	Women	Cook	Night
6	2	3	3	3	4	2	..	8
6	2	2	3	3	4	2	..	..
6	2	2	3	1½	4	1	..	..
..	..	3	3	..	..	..	..	..

Total.....78½ loaves

Butter					Coffee	
Wards	Old people	Help	Cook	Night	First grade	Second grade
1	½	½	..	½	2	4
1	½	1	..	..	2	2
..	..	..	..	..	1	..
..	..	..	..	..	1	..
Total.....5 pounds					Total...12 pounds	

Eggs

Wards	Old people	Help	Diet Kitchen	Doctors	Nurses	Women	Cook	Night
17½	3	7	8	2	..	1	3	1½
3	..	..	3	..	..	..	..	..
..	..	..	3	..	..	..	..	..

Total.....52 dozen

Meat			Chicken and Fish		Vegetables
Beef	Lamb	Veal	Chicken	Fish	Potatoes
47	35	24	10	25	1
14	..	..	..	..	1
..	..	..	..	..	½
Total.....120 pounds			Total 10lbs.	Total 25lbs.	Total 2½ bushels

Milk

Wards	Old people	Help	Diet Kitchen	Doctors	Nurses	Women	Cook	Night
18	4	3	8	4½	10	2	4	3
5	3	2	4	..	..	..	18	..
4	3	..	4	..	..	..	..	..
40	4	..	6	..	..	..	..	..
20	..	..	8	..	..	..	..	..
..	..	..	8	..	..	..	..	..

Total.....185½ quarts, 46 gallons

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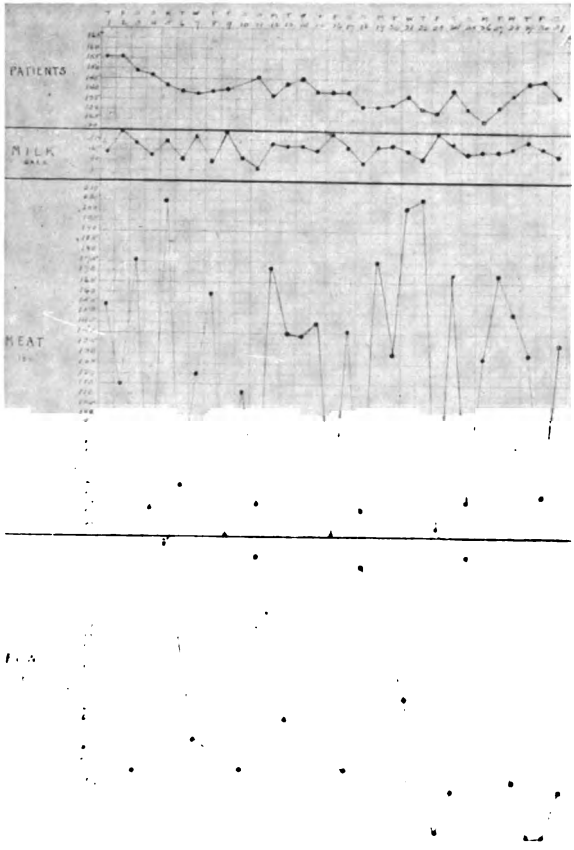

Fig. 1.—Chart showing daily consumption of milk, meat, and fowl in March, 1917.

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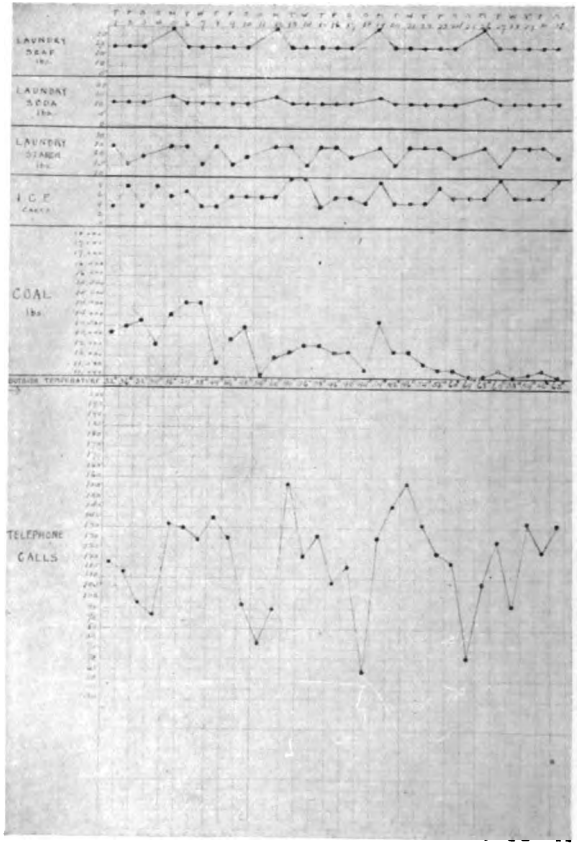

Fig. 2 —Chart showing consumption of laundry soap, laundry soda, starch, ice, and coal, and number of telephone calls in March, 1917.

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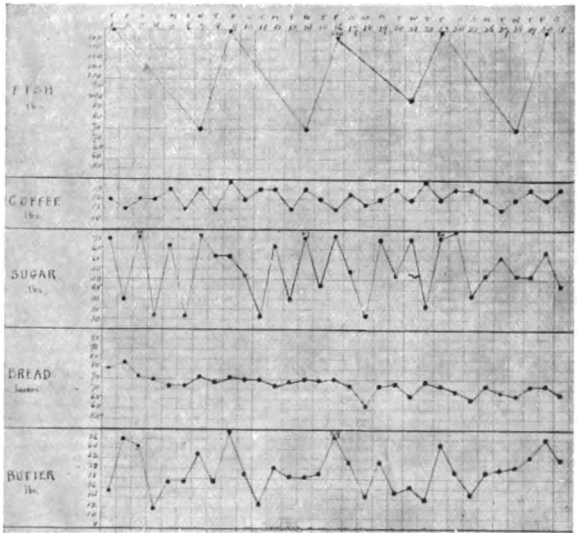

Fig. 3.—Chart showing consumption of fish, coffee, sugar, bread, and butter in March, 1917.

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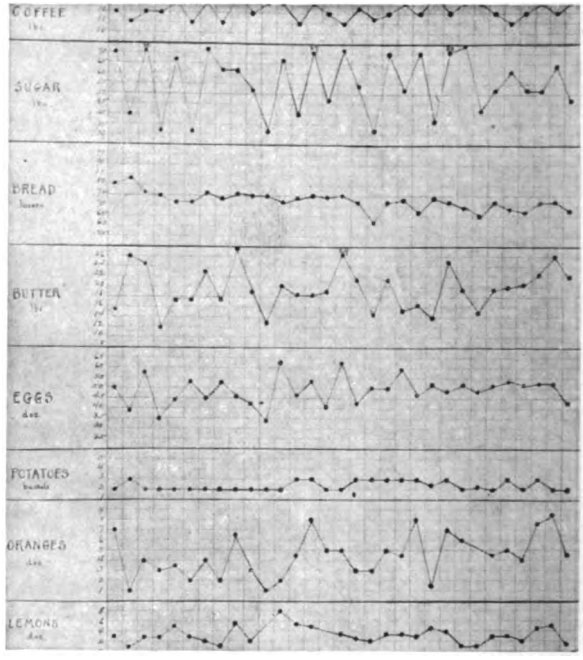

Fig. 4.—Chart showing consumption of coffee, sugar, bread, butter, eggs, potatoes, oranges, and lemons in March, 1917.

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Thus we commenced this charting system on October 1, with the result shown in Table II. Having the same number of patients' days in October as in September and an additional day to feed nurses and employees, we consumed nevertheless 637 pounds less of meat, 60 gallons less of milk, 130 pounds less of fish, 162 pounds less of coffee, 467 pounds less of sugar, 127 pounds less of poultry, 40 loaves less of bread, 40 pounds less of butter, and 112 dozens less of eggs.

There was, therefore, no doubt of the value of our scheme. We chart not only all foods, but also soap, soda, and starch used in our laundry. We began to weigh the coal thrown into the furnace, so that we know exactly whether the coal-passer is firing judiciously. We chart also the amount of ice pulled daily. The outside temperature is used as an indicator more or less. In judging the coal, we, however, take several other factors into consideration, such as the daily number of operations, the amount of linens to be washed in the laundry, etc.

We keep a chart of the telephone calls made daily, and, when there is an unusual increase, we check up the record kept by the operator and try to locate the abuses. This has already cut down our telephone bills. The system lends itself to a study of almost any article or item in which we may be interested. Since the preparation of this paper we have added to the list a study of gauzes, cotton, adhesive, catgut, and gloves.

The direct results have been advantageous in the following ways:

1. The moral effect has been universally noteworthy throughout the hospital. All employees know that the head of the institution has a daily knowledge of their efficiency or inefficiency.

2. The heads of the departments themselves have a scientific understanding of what they are doing, and can make daily comparisons.

3. The system has stimulated a lively interest in everyone to try and reduce quantities, and at the same time provide the absolute needs.

4. The committee of directors ardently and eagerly study these charts, carefully asking explanations for seeming rises in the curves, and it affords the superintendent an opportunity to explain authoritatively why the institution has spent more or less for a certain article in a given month.

5. The charts are used for inventory-taking monthly. The amount on hand at the beginning of a month, plus

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the amounts in weight or measure purchased, less the totals of the charts, will show the balance at the end of the month. And we have experienced little difficulty in making these inventories tally. They are usually correct, with now and then a slight variation.

To summarize: During these extraordinary and trying times it behooves us to conserve all of our resources. We are almost unanimously of the opinion that even in the best of well-regulated institutions there is a certain amount of waste. We are therefore naturally concerned in its elimination. The system I have to present may have fallacies which should be overcome and corrected, but from the results obtained, we believe we are working upon a proper principle. If it may help some other worker even in a slight measure, I feel that the short time taken in the presentation of the subject will not have been spent in vain.

THE CHAIRMAN: Dr. Moss's paper is now open for discussion.

DISCUSSION

MR. MORRITT (Colorado Springs): I wish we might have some copies of those charts; I would like to know if there is any way of getting them?

DR. H. J. MOSS: There are some photographs; it takes a great deal of time and effort to find a chart that would answer the purpose, and I found that this company furnishes the charts; now the superintendent will have to judge for himself as to on what scale he is to use up the supplies; he might use 20 pounds a day or 80 pounds a day, and the chart itself, the paper on which you keep the record, is sold by the Perfel and Esser Company, New York.

MR. WEBER: Dr. Moss's paper left two impressions upon my mind: one was that he presented certain results that he obtained, and then he showed us some charts which, to me, were an instrument which he used in the attainment of those results, but he has not told us how he wielded this instrument; he has not told us how he got those results. I do not believe he said a word on that point. Did he bring moral pressure to bear on his employees, or what did he do? Did he arbitrarily cut off supplies? I would like to have an answer to that question.

MISS ELIZABETH COLLINS (Long Branch, N. J.): I would like to ask if the same grade of food was used as has been used heretofore?

THE CHAIRMAN: Is there any further discussion? If not, I will ask Dr. Moss to close the discussion.

DR. H. J. MOSS: Regarding the grades of food, I want to say that we made no changes whatever, simply using the same that we had been using heretofore. As to the result, I think I made that very definite in my paper; I stimulated a very lively interest on the part of all employees so they were extremely careful how they used the supplies, because, if they are not careful, I know it next morning, I don't have to wait a month. If I see a slip-up, we get down to the bottom of things the very next day. There is not an employee in the house who does not know that I, in my office, have all the data of the previous day's work, whether in the kitchen, the engine room, or whatever the supplies may

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be, and as far as the financial value of the thing, I mean the commercial value, I think I have indicated very clearly that the hospital has been saving money. It reduced the cost of the different commodities used by the hospital; we have made no changes in the quality of the supplies we have been using.

QUESTION BOX

THE CHAIRMAN: If you have read the program, you all know how you are to proceed. There have already been handed up three questions. You can either ask a question from where you sit, or write it down. If you write the question, it will make it much easier, of course, for the chairman. The question will be read by the Chairman or you can ask your question from the floor and save the Chairman that trouble. The Chairman will then designate by name or by number or hospital or locality, some one to answer that question.

Miss Garrison takes the Chair.

THE CHAIRMAN: "In an open hospital, without a staff or house doctor, what is the superintendent to do when a patient walks in and asks for a doctor?" I will call on Mr. Morritt, of Colorado Springs, to answer the question.

MR. WALTER MORRITT: I think I answered that question yesterday. I have doctors that I know of who are willing to take the case, whether it is a charity case or a pay case, and I take that up with the doctors in turn. A patient comes in to-day and says they have no doctor; I take one of the doctors on the list, and the next patient I give to the next doctor, and so on. The doctors understand that they are used in rotation.

DR. ALEXANDER FISHER: It seems to me you have got to consider the nature of the case, because if it is a surgical case, you would not want to be choosing a man who is not fit for the work; so in our hospital, which is an open hospital, every man in the city is on the staff, and when I offer it to a doctor, I always consider the nature of the case; I think I owe that to the patient. If it is a case—for instance, one patient will come in who has been operated on for cancer of the breast and there is a recurrence. I could not turn that over to any doctor—I simply have to choose a man who is an expert surgeon, and I think we ought to do that in every case.

THE CHAIRMAN: Is there any further discussion? The next question is, "Do hospitals admit patients' friends to witness operations? If not, how do you prevent it?" Miss Moyer, of Pottstown.

MISS KATHARINE MOYER: The doctor tries to guard against that as much as possible. He does not enjoy having them in the operating room, but sometimes has to permit it. The friends are permitted to witness the operation by permission of the doctor, but we discourage,

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as much as we possibly can, that practice; we feel it is not a good thing to allow, but find that it must be permitted.

THE CHAIRMAN: Miss Moyer represents a private hospital, do you not?

MISS MOYER: No, it is a State hospital—a general hospital.

The Chair next called on Miss Houghton.

MISS HOUGHTON: We do not allow visitors to witness operations unless it is a very exceptional case—exceptional circumstances.

THE CHAIRMAN: How many represent hospitals in which this privilege is allowed? Raise your hands, please. The rest of you, I see, do not allow that privilege. Is there any further discussion?

DR. J. MCLEAN MOULDER (Kansas City): We have had a good deal of trouble about making the operating room a regular vaudeville show, and that is generally what the friends and relatives of a patient want to make out of it. I have absolutely forbidden the admission of relatives and friends to the operating room during an operation, and I have pasted upon the doors of the operating room—"No person admitted into the operating room without permission of the superintendent, except"—now I make this exception—"nurses and physicians." We have quite a good deal of trouble to keep people out, but I always have been having them in a room close by, so that if any accident happens, they can be called. It is very bad policy to have a lot of people in the operating room during an operation, it don't matter how trivial the operation is. All of you have been misrepresented time and again by people that have been in the operating room and gone away and told in what a bloody, cruel way the patient was treated.

DR. F. K. CAMP: I would like to get an expression, at this time, if permitted by the Chair, and let them vote on whether they think the friends should see the operation or not, by raising their hands.

THE CHAIRMAN: Will you repeat your questions?

Question repeated.

THE CHAIRMAN: It is the desire of Dr. Camp to know how many of us feel that the patients' friends should be permitted to see the operation?

DR. CAMP: Those who feel that the friends should not be, please raise your hand.

THE CHAIRMAN: It seems to be unanimous. Is there any further discussion? The next question is, "What are superintendents doing for pupil nurses under the present Ohio State law? What are superintendents doing to secure pupil nurses under the present Ohio State law?"

MISS MARY JAMISON (Columbus): I think the majority have more students than they know what to do with.

MR. LOHMANN: We have had some trouble since the new law took effect requiring four units of high school training. If a girl is anxious to

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have a training as a nurse and has not the four units of high school, she should be willing to sacrifice another year; that would mean, of course, not that any of us tell her to go to the high school another year, but that we may have our influence over her that year and secure her, so that Miss Russell and the others do not get her. We just send her to the high school from our hospital; we give her the fourth year; she is not entered as a pupil until she has been there one year and has her four units of high school education. In that way it gives the girl the advantage in the pay—we pay her the same as though she were admitted the first year; that gives her the third year pay two years, gives her that advantage, but we give it to her at the end of the course. We are just trying that out. We are so happily situated that we have a high school as our next-door neighbor, and we have even gotten permission that if the pupils come from another State, on account of us doing all the accident work for the high school, we get all our pupils in that high school free of charge for tuition whether they are citizens of the city or of the State. They come to us from any part of the State, and there is no tuition. That gives us the advantage of holding the pupil and giving her greater advantages. Of course, we cannot get much use of that girl the first year; she can work really only as an attendant, could not do any nursing, but the principal gives her lectures that she would give to probationers and extends that course that she would give to probationers the first three months, but she does not attend the doctors' lectures because her high school work will keep her busy. The only trouble we are going to run up against is that probably we will have to use some influence to get four points on one year night school; I don't know yet whether we can quite master that.

Miss Nell F. Parrish: Supposing you have nurses that have been out of school for quite a while; do you send them to high school?

Mr. Lohmann: She would have to pass through an examination to enter high school; she would have to have enough education to enter high school.

Mrs. George D. Eitel (Minneapolis): I should like to inquire what duties this nurse is put to who attends the high school; I should like to know whether it is night or day school that she attends, and what duties she has in the hospital.

Mr. Lohmann: I was going to ask a question: What are you going to do where the applicant comes and is seventeen years of age and your nurse registration law says she cannot be registered until she is twenty-one years of age? That leaves a year that must be supplied in some way. I have solved the question myself in two instances. Two weeks ago I said, "Now you will graduate at twenty;" they were both girls that we all know we should not take before eighteen, but sometimes you will find exceptions, and we had; in both those instances, I felt secure in taking those two girls at the age of seventeen, but told them beforehand, "If you lose no time at all, it will be a year after your graduation before you can be registered. In that year you can do private work under the supervision of the hospital." That is the way we solved it; if any one else has any solution without telling them not to come, because if you tell them to wait until they are eighteen, in nine out of ten instances that girl is lost to your hospital or any other.

The Chairman: How many think a pupil should enter training at seventeen?

Mr. Lohmann: Not as a rule.

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MRS. EITEL: My question was not answered.

MR. LOHMANN: I did not hear the question.

MRS. EITEL: I asked if the nurse you were sending to school was being sent to day or night school?

MR. LOHMANN: Night school.

MRS. EITEL: What duties does she perform during the day?

MR. LOHMANN: Only attendants' duties, and our principal is very particular in that; sometimes I tell her she is suffering from an overdose of conscience about giving them all the time they need for preparation.

THE CHAIRMAN: "What number of hours per day do the members of the Hospital Association recommend for the nurse in training?" Somebody from California ought to answer that. Is Miss Lewis, of Chicago, present? Is Miss Schill, of Flint, Mich., present? Will any one who has an idea on the subject answer this question?

DR. J. MCLEAN MOULDER: In our training school or school for nurses, that is the way we use the term now, we haven't the eight-hour law in the State of Kansas. The nurses put in twelve hours a day, with about two or three hours off in the afternoon—three hours off in the afternoon—and we find it very satisfactory. I doubt a little whether it is going to be popular throughout the country to have to adopt the eight-hour system, in fact, I do not see how we could manage our hospital that way. I don't know whether that answers the question or not.

THE CHAIRMAN: I might say that in visiting the tuberculosis hospital this afternoon, the superintendent of nurses tells me that she has no trouble in securing graduate nurses for general duty at $50. It is the first tuberculosis sanatorium I have visited in which this obtains. I asked her if her food was better or the situation pleasanter. She said, "No, it is because our nurses work eight hours. They would rather work for less money and have more leisure." Has any one else any ideas on this subject?

DR. F. K. CAMP: Might I suggest that we get this on some practical basis, as we did the matter of friends visiting the patient? In other words, could we get an expression by the raised hand of those who have the nurses come on duty at 7 o'clock in the morning, have two hours off in the afternoon and work from 7 to 7 with two hours off in the afternoon? If all those who have that system will raise their hands, we will know where we are.

THE CHAIRMAN: Will those who have that system raise their hands? Those who have not will please raise their hands. Will they please tell how they manage their time?

A MEMBER: How are you going to have two hours off for each nurse every day and have any nurse in your hospital?

THE CHAIRMAN: Where full-time gas anesthetists are employed, what is the average salary paid? May I ask first

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how many superintendents here are employing gas for anesthesia.

MR. H. E. BISHOP: We pay $75 for a graduate nurse.

THE CHAIRMAN: Will others give us their salary?

A MEMBER: I pay $75 for a head nurse, $75 the first six months, and after the first six months I pay her $100 a month and maintenance; she does not count on that.

THE CHAIRMAN: Does any one pay more than $75 for a nurse anesthetist? Will those employing physicians as anesthetists raise their hands?

MISS MAUDE L. JOHNSON: Our arrangement with our anesthetist is that we pay him for each anesthetic he gives, gas or oxygen, $5. We make a charge of $15 for operating, and pay our anesthetists $5. That gives the hospital $10. The patient has the additional expense of paying for an experienced anesthetist if desired. They may have him brought in. That, of course, gives them the operating room at $10.

THE CHAIRMAN: "How many of those present use nitrous oxid and oxygen as anesthetics?" "How many hospitals represented control the anesthetic and collect for same?" "What does the average gas anesthetic cost the patient?" Will those giving gas discuss this please?

MR. B. E. BISHOP: We do not charge for gas. We have a full-paid staff and make no charge for the operating room.

THE CHAIRMAN: "What can be done to interest doctors in a small, open hospital in accurate scientific work?" Those people who have well-equipped laboratories should be quick to answer. Will Dr. Fisher answer that please?

DR. ALEXANDER FISHER: I have one doctor whose interest in that work is such that his competition is very keen. I think you might have a member of the staff do the pathologic work. Take a member of the staff who has sufficient skill to do the pathologic work, and have him do that work and you might interest that man in the *x*-ray work also. That man can surely do a lot to inspire the other members of the staff to interest in the work and thereby raise the standard of the work done in the hospital. In a small hospital, with probably a female superintendent and she a nurse, it is the greatest trouble to interest the medical staff and inspire them to do more scientific work. I think really the only person who can do that is a medical man, and if the medical man is a pathologist and radiologist, I am sure he can inspire the men to do better scientific work by giving them new results and showing how they can be applied to the cases in the hospital.

THE CHAIRMAN: Is there any further discussion? "Describe an accurate, workable system of accounting for a small hospital."

MR. WALTER MORRITT (Colorado Springs): I do not believe that can be answered on the floor. If you have not a good system of account-

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ing, call in the nearest expert accountant and have him install one for you. Usually there are some friends of the hospital who will do that work, if not free of charge, then for a minimum fee. Whatever it costs it is well worth while, but my advice is, instead of calling for a system offhand here from the floor, which could not be given, call in the nearest expert accountant and ask him to put in a good set of books and direct your inexperienced bookkeeper until she understands the system.

DR. JAMES ALDERSON (Dubuque): Have them read the next number of The Modern Hospital and they will get that answer.

THE CHAIRMAN: "What economies are being worked out in your hospital?" I would like Miss McElderry to answer that question.

MISS G. D. MCELDERRY (Muskegon, Mich.): It is pretty hard to say; we are washing all the gauze and using scrap cotton in very many places where we used to use gauze and we are sending to the wards just exactly what is required to serve certain trays and we are cutting all the bread by a bread-cutter in the kitchen, which saves the scraps usually sent back to the kitchen, and then in the saving of alcohol, we are diluting it more than we did, and for convalescent patients, who are not in need of alcohol, we rub talcum powder—use talcum powder for rubbing and reduce everything over the house to minimum requirements.

MISS GOODNOW: We have one meatless day.

MISS PARRISH: We serve smaller servings of butter.

THE CHAIRMAN: Is that meatless day on Friday?

MISS GOODNOW: We have no particular day.

THE CHAIRMAN: Do you use eggs that day in place of meat?

MISS GOODNOW: No, where we can serve it, we use macaroni and cheese; everybody can't eat that, of course; and we do not serve any more lamb chops.

THE CHAIRMAN: I heard of a hospital that avoided having pudding served by adopting Dr. Hoover's suggestion of having a bread-board, so there is no more bread used than is necessary. Are there any other suggestions for economy?

MISS CAROLINE BUTTERFIELD: In talking with one superintendent, she suggested that instead of serving granulated sugar, she served two lumps of sugar with each cup of coffee or tea, and then put granulated sugar on the cereals to serve in the morning and found that cut down the sugar bill considerably.

THE CHAIRMAN: May I ask if any one else has a meatless day?

MRS. H. D. STARCK: We have two fish days when we have fish for dinner and we have one vegetable dinner.

MRS. BLANCHE M. FULLER (Omaha): We have just begun washing cotton; we take cotton out of the operating room, put it in bags, send it to the laundry, and send it to a mattress factory for carding, and have used some of it several times, and are having a great saving on cotton.

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We are also saving a third of the expense of our oranges and lemons by having orders made in one kitchen.

MISS A. EVERINGHAM (Rome): I should like to know the cost of carding cotton?

MRS. FULLER: The carding costs two cents a pound.

THE CHAIRMAN: May we hear from Miss Goodnow on some economies that she has been using the last two years?

A MEMBER: We can't hear the questions back here at all. Repeat the question.

THE CHAIRMAN: What economies are being worked out in your hospital?

MISS GOODNOW: One of the chief economies is to induce the doctors to economize on surgeon's supplies. It is the doctors and not the nurses who are responsible. Get the doctors and talk and talk and talk to them and finally they will yield.

THE CHAIRMAN: Some one wishes to know the methods of washing gauze. Are they washing gauze in your hospital, Miss Hogle?

MISS ALMA HOGLE: Yes.

THE CHAIRMAN: How do you do it?

MISS HOGLE: We first cleanse it and then sterilize it by repeated processes of sterilizing.

THE CHAIRMAN: How many have a special gauze washer for reclaiming gauze? How do we do it then?

MISS ALICE THATCHER: We put our gauze in a bag and put it through the laundry, then shake it out and hang it over a dryer and it is then sent back to the operating room.

THE CHAIRMAN: Is there any further discussion? "How much special duty should a pupil nurse do in a three years' course of training?" Will the hospitals requiring their pupil nurses to specialize, raise their hands? Are there just two hospitals that require special duty of their pupil nurses? Dr. Moulder how much special duty do you require of your pupils?

DR. J. MCLEAN MOULDER: We do not use our pupil nurses until the third year, and we then give them about all the work we can find for them to do. Of course, it is not every one that wants a pupil nurse; quite a majority of them prefer a graduate nurse; that has been our experience. It has been the experience in hospitals that I have had anything to do with. You all agree with me, I am sure, that it is quite a source of revenue when we have to depend largely upon the receipts from the operation of the hospital to pay the operating expenses; that it is a very prolific source of revenue. I do not believe I would like to say what we charge a week for our special nurse. Well, it is $3 a day, or $21 a week. I would just like to know whether that is what the majority of hospitals charge. How many charge that much or more?

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THE CHAIRMAN: How many hospitals employing pupil nurses for specials charge at the rate of $3 a day? How many charge less? What is the rate you charge Miss Martin?

MISS MARTIN: Fifteen dollars.

THE CHAIRMAN: How many charge $15? Dr. Moulder, I would like to ask how much relief you give your pupil nurses?

DR. MOULDER: Well, I could hardly answer that.

THE CHAIRMAN: How much relief in twenty-four hours do you give your pupil nurses that are on special duty?

DR. MOULDER: Three hours and, of course, there are provisions in the room for them to rest if they are not busy attending to the patient. We always have a nice cot,—just as good as they have in their regular room,—and then give them three hours beside.

THE CHAIRMAN: How many give more than three hours for pupil nurses?

MISS JOHNSON (Rochester): We have 15 beds.

MRS. EITEL: I should like to ask if their time for half days and relief hours is cumulative?

THE CHAIRMAN: Mrs. Eitel would like to know if the time for half days and relief hours accumulates to the end of the case?

MISS MAUDE L. JOHNSON: Not the hours, the half days accumulate; the half days for each week which they work, if they are on a special case for two weeks, they have two long days.

DR. MOULDER: We have some trouble about having very cruel patients who do not think the nurse ought to have a minute off nor an hour's sleep. I suppose you all have that trouble, but if you will get the patient or the patient's friends—the patient is not usually to blame so much as the friends of the patient—off to one side and talk to them, usually the milk of human kindness comes to their soul.

PRESIDENT WILSON: Do I understand that a nurse did twenty-one hours a day? Do I understand that a nurse goes on duty and does twenty-one hours a day? Is that right? Is there any doctor or hospital or board of trustees here that has got an ambulance horse that does twenty-one hours a day? It can't be possible. Now I suppose that that nurse is supposed to sleep a part of the time, to rest a part of the time, but when Dr. Moulder told me that some of the patients do not think she should get out for three hours, I wonder how much actual rest she gets in the twenty-one hours? I am not surprised that guardians of the health of the community are looking for an eight-hour day. Personally I am very much opposed to the eight-hour day for nurses, because I think when we realize their work, most of our institutions where I come from in my immediate neighborhood, the day nurses do less than eight hours work, but when I hear it said that a pupil nurse, a young woman who is just becoming mature, is working, I hate to say

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it, thirteen hours a day more than I work my work horses, I don't like the sound of it.

MISS FAVOR (Binghamton): Some think that the student nurse should be exploited as a means of revenue to the hospital. How many hospitals think that the student nurse should be exploited as a means of revenue to the hospital? In other words, use these nurses as a means of revenue for our hospitals when they come to us as students?

THE CHAIRMAN: May I ask how many hospitals which employ graduate nurses as specials have only the twelve-hour day? Just three. How many would like to have the twelve-hour day for our graduates? "How can staff doctors be educated to hospital rules and a uniform way of working, especially in the public wards, in a locality where they never had a hospital?" How can staff doctors be educated to hospital rules? That's a question, isn't it?

PRESIDENT WILSON: I would like to answer that; they cannot be—not the staff. Taking them one by one, possibly some of them will eventually learn hospital methods. I am going on the theory that the man has never had any hospital experience of any kind. In a case of that kind, if the man does not own the hospital himself, it is better for the Board of Trustees to get the staff to go somewhere to get hospital instruction. They are not going to be taught inside of a hospital that is just started, because I don't know of any man or men yet who will be willing to acknowledge that he was bossed by a professional nursing woman. If there is any community in the United States to-day that will permit the opening of a hospital by untrained men and women, then we are further away from medical education, intelligent medical concern for the community, than I believe we are. Now I do not believe that this condition ever existed, and I am going to turn the tables on the propounder of this question and ask if they ever actually heard of a case of that kind?

THE CHAIRMAN: Will the one who asked that question please answer?

PRESIDENT WILSON: This is really a heart-to-heart talk we are having here. When you come down to brass tacks, it is pretty hard to get anywhere in the United States to-day a medical man who has not had some kind of hospital training and in States like New York and Pennsylvania he has got to have it or he can't go out.

MISS SARAH M. MORGART (Indiana, Pa.): That was my question. I have a new hospital of 60 beds. I have some very good surgeons, but I cannot systematize them, I cannot have any rules; they insist on coming in during the dressing and dinner hours and operating whenever they please, regardless of who has the operating room, and just many little things of that kind, and I want someone to help me solve that proposition. I cannot systematize them, and I cannot get the best work from my pupil nurses when we do not have a rule. We do have surgeons but they will not be systematized; that is the reason I asked that question.

PRESIDENT WILSON: That is quite a different proposition; that is not what we understood; that is not training a lot of doctors, it is trying to correct a doctor's prerogative. Now then there is no argument on

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the doctor's prerogative. I cannot correct it in my hospital. I tell the doctors what I think about it, but we don't pay them anything. A doctor comes along and says, "I am giving my services for nothing. It is worth so many hundred dollars an hour for me in my office. If you won't let me come here at an inconvenient time, I won't come." So I let him come, and I say to my doctors and nurses working with me, "Well, I guess we will have to change our dinner hour," because I am glad to have him.

MISS ALICE C. CLELAND: With the doctors coming two or three at the dinner hour or the dressing hour, it becomes quite serious, because the patient's meal, the dinner, was kept waiting while the dressing was being done and therefore the dinner was cold, and so I wrote a letter and sent it to all the staff members and a good many of the doctors in town and asked them if they would not allow nurses—pupil nurses—to do dressings between the hours of half past eleven and half past one, and explained to them that the nurses have to have their dinner, the patients have to have their dinner, and it was very inconvenient, and, as I say, I told them why, and it has worked out very well. The doctors do not come at that hour except occasionally, when I feel they cannot help it; they are busy men and must come when they have the opportunity, and I forbid the nurses, any pupil nurses, doing a dressing for the doctor between these hours, and said she would be expelled if she did, so the supervising nurse or myself go with the doctors and do the dressings at that time, and they sometimes don't like it, and that helps some.

THE CHAIRMAN: I think that is the first hospital any of us have ever heard of where the doctors don't come to do the dressing at mealtime. "Has any one attempted to keep cows?"

MISS ESTHER J. TINSLEY (Pittston, Pa.): We are just using the milk they give, doctor; our janitor milks them.

PRESIDENT WILSON: Do you keep a cost accounting system?

MISS TINSLEY: We do not.

PRESIDENT WILSON: Go back and see if it won't pay to buy milk.

DR. JAMES ANDERSON: My hospital is a State hospital that keeps cows to feed patients. All the patients get milk. The superintendent and his staff and the nurses are left out if there is not milk enough to go around. We keep cows and plenty of them, and keep an account of exactly what amount of milk we get. We buy cows and if they are not profitable we kill them and make beef to eat. It is a fine thing when you have plenty of land, to keep cows. I do not know how about a general hospital, but if you have chronic patients, you can always get them to work on the farm for their health. Our patients do perhaps more than half of the work on our farm. We try to develop the working ability of all the patients as much as possible and if we had more money to employ more attendants and nurses, we would have all of them to work as we find that work is more effective treatment than any other we can give. If we can get them all to work, we can get them all to sleep and to eat properly.

DR. F. K. CAMP: We keep four Jersey cows. We have a dairyman in a small way who takes care of the cows, ships the milk in to us on the interurban trolley, and we find in a 50-bed hospital during eight months

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of the year we save about $30 a month. During the winter they simply mark time—they pay their expenses, and that's all.

MR. WALTER MORRITT (Colorado Springs): At the request of one or two members sitting about me, I would like just a minute to revert again to the matter of employing pupil nurses on special duty. We must not make the mistake that all hospitals which put pupil nurses on special duty are exploiting those nurses. There are many of our states that require the institution to give the nurse two months in the year in special nursing. Again, if she is on twenty-one-hour duty, in the majority of cases she sleeps most of the night and if she does not, the superintendent, I feel, should give her six hours a day off, if not twelve. In fact, I think the average pupil nurse on special duty is looked on with envy by the other girls on the floor. Then I think possibly some of us who have suggested that this might be working the girls too hard forget that very often our girls in the operating room under stress do work more than the allotted time, and sometimes beyond their strength. The danger there is greater than it is in the matter of special nursing and I would like to call attention to the fact that many of our states require the institution to put pupil nurses on special duty and I think you will find the great majority of hospitals employing girls in such matters are as careful of their health and strength as any of the rest of us, and where they do not get an opportunity to sleep at night, they are given a corresponding amount during the day—six hours, anyway, and then you must remember that many patients who need a special nurse cannot afford a graduate nurse and are very glad to get the services of a pupil nurse. I do not believe, and I want to say it very strongly in behalf of the institutions that do use their nurses on special duty, I do not believe that any of them do it to exploit girls or at the expense of the girl's health and strength.

PRESIDENT WILSON: I want to fully indorse everything Mr. Morritt said, and to say still further that, as a teacher of medicine, not as President of the American Hospital Association, but as a teacher of medicine, I believe that the nurses that are sent out to special duty in the family before they leave the training school will go out better nurses. I have been trying to get the New York University for a number of years to introduce into the school, or into the curriculum of the school something in the schedule that would teach medical students sick room manners before they leave. So I think it is a very wise provision. The only thing I am finding fault with is the fact that the hours are too long, and I do not think, no matter how much we may feel justified by the fact that they are going to get sleep, etc., that we have the right to work the nurse such long hours.

MISS MARY TRAFFORD (Kalamazoo, Mich.): I have had considerable experience with student nurses, and I find that the great difficulty is that the nurse needs time for study. When a nurse works seventeen hours and goes for eight hours sleep, when is she going to study?

PRESIDENT WILSON: How many superintendents of training schools, superintendents of hospitals, allow the nurses to eat—to take some form of refreshment between breakfast and the midday meal? (A number present held up their hands.) That's a good showing. How many of them extend that to the domestics, especially in the laundry? (A number held up their hands.) That's a good showing.

THE CHAIRMAN: How many superintendents attend the Board meetings? How many do not? Then why don't you?

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PRESIDENT WILSON: May I say a word about that? It looks as though I were monopolizing a lot of time, but that is an important question. How many superintendents want to attend the Board meetings? Why? I don't want to attend Board meetings. I don't want to be embarrassed. I don't want to embarrass the Board. I can embarrass them enough when they come to my office. I don't want to be embarrassed by things that will come up in the Board meetings. I don't want to embarrass the Board so they won't bring up things that ought to be brought up and talk about me frankly and say all sort of things about me which they don't want to do when I am there personally. I think it is a grave question as to whether a superintendent should ever go to a Board meeting. I know lots of superintendents think they ought to be there, but what are you going to accomplish by being in the Board that you cannot accomplish by having the Board write it down and send it to you in a written form instead of telling it to you in the Board room, and then telling you ten days later they didn't tell you anything of the sort.

THE CHAIRMAN: I want to attend my Board meetings because I get things that way. My Board does not come to see me except once a month, and it was two years ago when they had their meetings down town and finally I made so bold as to resign and recommend that they meet at the hospital. They meet sometimes twice a month, and I am always there and get what I want, and I always leave the room so that they can talk about me if they want to.

PRESIDENT WILSON: That brings up immediately the question of whether or not the Board is undertaking the minute details of carrying on the work and depriving the superintendent of being the actual business manager of the institution, but if your Board makes you the business manager and says, "Here is $10,000, spend it and when your $10,000 is gone, come back and get $10,000 more and spend it and render an accounting to the community," why, that is a different thing; but if the Board comes along and the President goes in and says, "Take that nurse out and put her over there, I don't like the way she looks in this ward," and goes down and sees the engineer and says, "I don't like the coal you've got there, buy another kind," that's different. I should very much want to attend the Board meetings or part company.

A MEMBER: I think the relations between the superintendent and the Board should be such that the superintendent will attend the Board meetings.

MISS DOROTHEA GOTHSON: I should like to say that whenever I feel the need of meeting the Board, I am always greatly welcomed; I just make the request.

MR. FRED BUNN (Youngstown): If I conceive the function of the superintendent of the hospital, he is the representative of the Board of Trustees, and if that be the case, I cannot conceive how he can accurately represent that Board unless he knows their attitude toward the whole institution. I do not believe he can get it on written instructions or without very close conference in all policies. They can discuss those freely as between the ones who are really responsible for that hospital and going to represent them. I don't see how it can be done otherwise.

MISS MARGARET CUMMINGS: My Board has their own business, and when that is finished, they always ask me into the room and ask me if

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I have anything to discuss and I find it a most satisfactory arrangement. In the last year and a half we built a new nurses' home and I was called in at every meeting, and everything in connection with the building of that home, from the foundation up, I was consulted about, until the home was furnished and fixed. We are building a large addition to the hospital now and I find it a very satisfactory Board to be connected with.

President Wilson takes the chair.

CHAIRMAN WILSON: The first thing I want to do is to thank Miss Garrison for kindly consenting to conduct this meeting and thank all of you for your kindly interest in it and what you have said. There are certain changes in our constitution and by-laws to be voted upon to-morrow. Copies will be distributed to-night and I think you will all receive them, unless you have already done so. I saw the Secretary walking around distributing them. The changes have been formulated by the Committee on Constitution and By-laws and are endorsed and recommended by the Trustees and must be voted on to-morrow. To-morrow is a very busy day, on account of the relaxation in the way of an automobile ride that we took to-day which broke into our meetings, and we will have to combine the scientific session to-morrow with the business session, so it is going to be a busy all day session. I am going to ask you to get here early so we can start off promptly at nine o'clock. I also wish to announce that to-morrow afternoon, after the address by the governor, the Association will be addressed by Dr. Hoover, who has just returned from France and will give us his experiences and, what is still more to our advantage, somewhat of a comparison between a workable hospital as regards equipment and personnel in the war zone and a workable hospital as we have conceived it in this country. The meeting stands adjourned until to-morrow morning at nine o'clock.

FRIDAY, SEPTEMBER 14, 1917

Morning Session, 9 A. M.

President Wilson in the chair.

THE CHAIRMAN: The meeting will please come to order. I have received this telegram addressed to Major Hornsby; "Will not be able to speak at the American Hospital Association meeting; suddenly called back to Washington. F. H. Martin." To those of you who do not know who F. H. Martin is I will say that Franklin H. Martin, Medical Mem-

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ber of the Council of National Defense, is the gentleman who was supposed to address the Association this morning. As you all know, Dr. Washburn, Chairman of the Committee on Preparedness, is now in France, so that the report of that Committee—I should ask if any other member of the Committee is prepared to submit a report? If not, those Committee reports will simply be read by title. I wish to say, however, that the work of the Committee on Preparedness has been largely merged into the work of the Board of Trustees and there has been constant intercourse between that Committee and the Board of Trustees and such action as it has been necessary to take has been delegated to one of the members, usually to Mr. Borden, who has been working in coöperation with the Mayor's Defense Committee of New York City, on many of these questions and particularly on the question of medical students and hospital interns and I think it is only right to say here that in that work general acknowledgment is given by the officers of the American Hospital Association and I wish to particularly emphasize what Mr. Borden has done, representing the Board of Trustees. This is the first time that I have started the meetings off right on time. The first thing we know we will be through with the business meeting before the members know what has happened to the Association. Those in position to tell those on the outside what is going to happen, who is going to be nominated, where you are going to meet next year—they'd better be coming in pretty rapidly. I will now call for the report of the Treasurer. The Treasurer is over in the office, so I will call for the report of the Auditing Committee.

MR. LODER: The Treasurer will be right in.

THE CHAIRMAN: Very good, Mr. Loder. The next order of business, then, pending these reports, will be the report of the Committee on Time and Place.

THE SECRETARY: The members of the Committee on Time and Place were compelled to leave, and left in the hands of the President the following communications.

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REPORT OF COMMITTEE ON TIME AND PLACE

SEPTEMBER 12, 1917.

To the American Hospital Association: The Committee appointed to select the time and place for the next convention beg to report as follows:

Two or three meetings of the Committee were held and careful consideration given to the question. Cordial invitations for the next meeting of the Association were received from seven cities, viz., Louisville, New Orleans, St. Louis, Montreal, Chicago, New York, and Springfield, Mass. Three of the above sent delegations to personally urge the claims and offer the hospitality of their cities. These representatives all appeared before the Committee, and two opportunities were given to any others who might want to appear.

While the Committee appreciated the cordiality of these invitations, and did not underestimate the advantages of any, we believed that there were other considerations which for the coming year seemed paramount. In the judgment of a majority of the committee it seemed best to disregard the cordial invitations which were received, much as it pained us to do so, and to select the place to be recommended, solely on the ground of the best interests of the Association.

One year from now America will be just in the thick of the fighting as the result of the war, or peace will just recently have been declared. Which it will be, none of us can predict at the present time. But in either condition, the hospital situation, as it is effected by the war, is very likely to be much more acute than at present, and very important questions will be up for discussion. Some of these questions will make it very desirable that the convention shall be in close touch with the seat of the national Government.

For these reasons, chiefly, the majority of the Committee submits the following recommendations:

"1. That the place for the next regular meeting of the Association be Washington, D. C.

"2. If the Trustees find that, owing to the large number

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of people who may be in Washington at the time, it will be difficult to assure the Convention of proper hotel accommodations, the Trustees be authorized to change the meeting place to Baltimore.

"3. That the Convention be held in the week beginning Tuesday, September 10, 1918."

One member of our Committee does not agree with the above recommendations, and will present to you a minority report.

Respectfully,

HERBERT O. COLLINS,
L. A. SEXTON.

MINORITY REPORT

CLEVELAND, SEPTEMBER 13, 1917.

American Hospital Association, Fellow Members:

In making a minority report as a member of your Committee on Time and Place of holding your next Annual Convention, I feel that both the section of the country which I represent and myself received inconsiderate treatment at the hands of my fellow committeemen. The Southland more than any other part of the country needs the assistance of the Association.

A meeting of the Convention in the South would do a world of good toward increasing its membership and encouraging Southern members to feel that they are an integral part of the Association.

In point of membership I am one of its oldest members and in point of attendance, I am one of its star performers. As a rule for the past ten years I have sat in the Convention with three other members from Louisville, Ky., each year and have served in every position that the Association has placed me, faithfully.

For several years I have placed my city in nomination for the honor of entertaining the Convention and each time something was thrust in between me and success. Last year when the committee, of which I was a member, was dead locked, each committeeman having nominated a choice of his own, I broke the dead lock by voting for Cleveland. This year I came to the Convention, bearing with me an invitation from the Governor of Kentucky, also from the Mayor of Louisville, and its Board of Trade.

In addition to these cordial invitations the Publicity League of Louisville sent its representative here, Col. C. C.

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Ousley, to aid me in inducing you to honor our city with your Convention. To my surprise and mortification my two fellow committeemen selected Washington City for the place of meeting, on the vague supposition that we might be needed there at that time on account of the War.

I cannot agree with them and I offer as a substitute to their report, that the next annual convention of the American Hospital Association be held in Louisville, October 1, 1918.

Respectfully submitted,

J. W. FOWLER, M.D.

DR. J. MCLEAN MOULDER: I move that the Minority Report be adopted.

Motion seconded.

DR. B. M. FOWLER (Louisville, Ky.): Mr. Chairman and fellow members: When our distinguished President appointed me a member of the Committee on Time and Place, my hopes were high, because I thought in his good judgment that he was disposed that the South should have a meeting of the Association, at least that he would not interpose any objection and had put me in a place where possibly I could do some good for myself and for the country that I represent. Now I was utterly amazed when my fellow Committeemen selected Washington in contradistinction to Louisville. I did not think that St. Louis would put in her application, but she did it nicely and really meant it, because she had not had the convention, and I did not think Chicago would put in her application because this Society had met there and at New York, but Louisville was in earnest, that was the only delegation that had the endorsement of the Governor along with its Mayor, Board of Trade and all the other officials of the city and the only one that really sent a delegation here to invite you to come to their city. Now I believe that if all of you knew and appreciated the difficulties that we have had in the South—at the end of the war our homes were destroyed, our property was gone, our hospitals were burned and we have been struggling ever since; every city in the South is arising from its ashes. Take my town, it put up a beautiful hospital, but it took us a long while, forty years, to do it. We hadn't the money and I do not believe that this Association could do a nobler act, or a more graceful or more useful one than to come to Louisville and illustrate to us Southerners that you really mean that we are brothers along with you.

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DR. A. R. WARNER: Before this question is put I would like to say a word, that we thoroughly agree with all that has been said. I believe the Association should go south. I believe the South will gain from it; I believe the Association will gain from it, and the invitation has come most cordially, as southern invitations always come, and it would be the nice thing for us to do, but unfortunately the war this year has spoiled many a nice thing. In many ways we would like to go south. I do not think that anybody who has ever been to Washington in early September particularly desires to repeat that experience. I do not think that anybody who knows what Washington can be when it is crowded particularly desires to repeat that experience. Nobody has mentioned Washington from any motive of pleasure at all; there is just one great patriotic duty before the hospitals of the country at this time and that is to do what we can for the common cause. Now, to do what we can is well, but we are not doing what we can until we know it. My contact from the beginning with this hospital idea brought that to my mind plainly, that hospitals are glad to do all they can, but they do not always know, on the start, what they can do. For this reason I believe that it is absolutely essential for the hospitals of this country to learn as soon as possible what they can do, and then do it. It would be nice to go to Louisville, we want to go to Louisville, and I am sure every member has planned to go to Louisville when we can, but there are things that interfere with our pleasure, and war is one of them. Therefore, with somebody else, I should feel that it is a plain duty to move the adoption of the majority report and go to Washington, sweat it out there for that week, stand what living accommodations we can find, and if we can't find any, sneak off to Baltimore, but go down there and find out what is our task to do and then go home and do it. We will do all we can this year, but we can learn more to do by going to Washington next year than to Louisville. Louisville is a nice town; we want to go to Louisville as soon as we can because every argument the speaker advanced is sound; we all believe in it, but war interferes with our pleasures and therefore I shall feel it my duty, unpleasant though it may be, to move the adoption of the majority report, as a plain patriotic duty of the hospitals to the government in this time of war.

DR. BALDWIN: I second the motion of Dr. Warner.

THE CHAIRMAN: I am afraid we will have to dispose of one motion before we have another. We must dispose first of the motion we already have, before we have another.

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SECRETARY WALSH: I would like to ask Dr. Warner a question; what is your idea of the method by which we are going to learn more about our plain duty by going to Washington? Is it your idea that we are going to absorb knowledge by propinquity to the President and his Cabinet?

DR. A. R. WARNER: I have learned much about the duties of Lakeside Hospital in the last two years and I have not had the pleasure of the President's counsel. It is not necessary to come in contact with the President of the United States to learn your plain duty; I have learned it, and in contact with very minor officials; I learned it mostly by getting into the spirit of the thing; I learned it mostly by coming in contact with others that were making sacrifices for the same cause and if we go there, we may not come in contact with an army officer, we may not come in contact with the President, we may not come in contact with the Secretary of War, etc., but we cannot go to Washington in war time without coming in contact with the spirit which is throughout this country at the present time, the spirit of service to this country in this hour of need.

DR. MOULDER: Mr. Hatfield, of St. Louis, is here; I would like to have him speak just a moment.

THE CHAIRMAN: I want to confine this discussion entirely to the active and associate members of the Association, if possible. I would be very glad to accept, through Dr. Moulder, or anybody else Mr. Hatfield's remarks, but only through the members of the Association.

DR. ALBERT ANDERSON (Raleigh, North Carolina): I am from the south but that does not really cause me to rise in favor of saying a word for Louisville. I want to emphasize what the gentleman said about the south needing the inspiration of your meeting at a point in the south. Now all that the nominator said about our hospitals in the south is true. After the war it took us a long time to start, but we have started and we are going some, and it is our plain duty to help along a cause that is doing as much as the south is doing now along all lines and especially hospital lines. Our men succeed when they go north and locate in your large cities; it shows the caliber of the men that we have. We are proud of what the southern men are doing in our national government. Our President is a southern man and some of his leading advisers are southern men and I think if you will go south and give us the inspiration of your great Association, we will profit thereby and you will not be hurt

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and I hope the members of this Association will vote for Louisville, vote for the Minority Report, so well put by the man that put this great city in nomination.

THE CHAIRMAN: It is to be hoped that the Association will express its views very clearly and very fully, so that when you take your final vote, you will express what the majority of the Association want to do.

MR. HOWELL WRIGHT: I don't want to shut off discussion but apparently there isn't going to be any more so I move that the previous question be now put.

THE CHAIRMAN: There is only one question, the question before the house is that the Association adopt the Minority Report of the Committee on Time and Place. The Majority Report has just been read, but I will have it read again. The Minority Report simply disagrees with the Majority Report and makes Louisville, Ky., the meeting place of the Association. Before putting this vote, allow me to say that only active members are allowed to vote; associate members are not permitted to vote. They may discuss the question, but are not permitted to vote.

The motion was then put and resulted in a vote of 47 in favor of the Minority Report and 52 against it.

THE CHAIRMAN: I will now entertain the motion of Dr. Warner.

DR. WARNER: I move that the Majority Report of the Committee on Time and Place be adopted.

The motion was seconded by Dr. Baldwin and carried, and on motion of Mr. Anderson, of North Carolina, the selection of Washington was made unanimous.

THE CHAIRMAN: The next order of business is the Report of the Treasurer. May I have the attention of the Association for a moment on this vote that has just taken place? May I say that I believe it is within the power of the Board of Trustees to make such changes in the time and place as the needs of the times dictate. We will now have the report of the Treasurer.

TREASURER BACON: Mr. Chairman, on account of there being a permanent office established and a ruling of the Board of Trustees that the Secretary take over the principal part of the work of the Treasurer, the Treasurer's books have been with the Secretary for the last few months and were packed with the Secretary's books and shipped to this convention. They are somewhere between here and Phil-

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adelphia. Therefore I have not been able to get the books to make a report and the Auditing Committee has not been able to check my report, but I wish to say this that a partial audit was made before the books were shipped and that a complete report will be printed in our Annual Proceedings. I will also say that your Treasurer is under a $10,000 bond so you won't need to worry about the money.

THE CHAIRMAN: I will now call for the report of the Auditing Committee.

MR. LODER: I concur with what the Treasurer said as regards those books. There has been a little joking with me by some of the members because I have been waiting to audit what I haven't had, but the fact is this; your Auditing Committee, consisting of Mr. Loder and Dr. Mohler, did spend time in Philadelphia in going over the records of the Secretary's office. We did audit all the records from February 1, 1917, to August 31, 1917, inclusive. We expected to check over the other records of your Treasurer that he had had prior to that time, but as he has just informed you, those records are not available. We are prepared though, as an Auditing Committee, to make the following affidavit or statement:

The Secretary's books of the American Hospital Association, as examined, show that all moneys received through his office were deposited in the bank and proper credit taken in his cash book; that all bills paid show voucher and receipt and proper debit in the cash book, and, with the balance in bank corresponding with the balance as between the debit and credit side of cash book. This audit covers the period from February 1, 1917, to August 31, 1917, inclusive.

In addition to that statement, we were permitted to look over certain records in a casual way prior to that time and have reason to believe and assure you that all sums received from all sources have been rightfully deposited and properly expended so there cannot be any criticism of the financial records of this organization.

Now, further, your Committee believes that there should be installed and put into complete operation at an early date a correct form of routine and of forms for handling the financial records of our organization. Prior to this year there has been no secretarial office, all of the work had been performed entirely by volunteer officials of this organization. Now that we have started on stronger and larger lines and are doing more important work and in view of the fact that there may be criticism at some later date of our

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moneys or that some one may raise a question as to having made payment or as to having secured receipts or something of that kind, I believe that we should install, as I have just stated, and put into satisfactory operation right away, a routine plan that will enable the officers to have their records always open for inspection by any one who has any business transactions or relations with this organization. We therefore embody this statement in our report.

STATEMENT OF RECEIPTS AND EXPENDITURES

FROM FEBRUARY 1, 1917, TO DECEMBER 31, 1917

Receipts

Balance in Banks February 1			$3,094.92	
Active Membership Fees		$3,708.90		
Associate Membership Fees		394.50		
Life Membership Fees		150.00		
Commercial Exhibits		4,381.75		
Interest on Deposits		41.86		
Miscellaneous Receipts		88.24	8,765.25	
Total Receipts				$11,860.17

Expenditures

Administrative Expenses:				
Office of President		$13.18		
Office of Treasurer		90.30		
Office of Secretary:				
Salaries	$2,541.64			
Supplies	454.57			
Traveling Expenses	185.87			
Office Equipment	273.75			
Proceedings A.H.A.	1,578.70			
Miscellaneous	577.45	5,611.98	$5,715.46	
Convention Expenses:				
Commercial Exhibits		$508.11		
Non-Commercial Exhibits		61.00		
Miscellaneous Expenses		999.20	1,568.31	
Committee Expenses:				
Committee on War Service		$42.47		
Committee on Preparedness		19.75		
Committee on Out-Patient Work		91.20	153.42	
Total Expenditures				7,437.19
Balance in Banks December 31, 1917				$4,422.98

This certifies, That the above Statement of Receipts and Expenditures of the American Hospital Association is a true statement of its financial transactions from February 1, 1917, to December 31, 1917.

ROBERT HAMILTON SMITH,
Accountant.

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THE CHAIRMAN: Before asking your pleasure in regard to this report, may I say first that this Association owes a great debt of gratitude to Mr. Loder who has given up very much time for us in helping to reorganize our methods of business; secondly, that the Board of Trustees has already passed such resolutions as are necessary to the fulfilment of much that Mr. Loder has said and we are now in the stage of thorough reorganization of our business. That the Secretary from the very beginning of our fiscal year has devoted a large amount of his time in his secretarial office to preparing for the Board of Trustees the various necessary business plans and procedures that will insure the proper business management of this Association, in such a place and in such a way that any member at any time can know exactly what our business management is. What is your pleasure in regard to the report?

It was moved and seconded to adopt the report.

A MEMBER: I do not recall whether we have our financial report published in the proceedings of the American Hospital Association. It seems to me it would be a good thing to have it published.

THE CHAIRMAN: It is published.

A MEMBER: What is the meaning of this motion to adopt the report?

THE CHAIRMAN: That the Association engages to do exactly what the report recommends, but as I understand from the Secretary we are practically doing it. The adoption of the report means doing what we are now doing.

MR. LODER: Not entirely. I have the forms here, but we have not really put them all into operation—they have not all been made effective, but the general plan and everything pertaining to it has been gone over in much detail with the Secretary who has, I believe, given his approval to the working of the system.

THE CHAIRMAN: I should like the Secretary to state to the Association exactly where we stand in regard to that, so that this matter of adoption may be definitely understood.

SECRETARY WALSH: The plans for the proper conduct of the business of the Association were outlined by me in conjunction with Mr. Loder, and at my request and also the request of the Board of Trustees; the only reason all the

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forms recommended and approved have not been adopted is, as stated in my report, that we did not want to incur the expense of throwing away a lot of old forms. Just as soon as we have exhausted all the old stationery of the Association, we will rapidly adopt the new. I thought that was a plan which we should pursue in view of the fact that we are trying to practise every possible economy.

The motion to adopt the report was then carried.

THE CHAIRMAN: Before proceeding with business, I want you to understand that the report of the Secretary read here the other day constituted the minutes of the Association, which were duly accepted and placed on file. The next order of business this morning is the proposed amendments to the Constitution and By-Laws, a copy of which was served on every member of the Association yesterday, or served as nearly as we could, and made available for every member of the Association and presented at the regular meeting and will now be read by the Secretary.

SECRETARY WALSH: The following changes have been adopted and recommended by the Board of Trustees:

CONSTITUTION

ARTICLE II

The object of this Association shall be to promote the welfare of the people so far as it may be done by the institution, care and management of hospitals with efficiency and economy, to aid in procuring the coöperation of all societies, associations, and institutions with aims and objects similar to those of this Association or with this Association or with each other; and in general, to do all things which may best promote hospital efficiency wherever its activities may be of value.

BY-LAWS

ARTICLE V

Section 1. Dues of active members shall be $5.00 and of associate members $2.00 for each calendar year. Life members are exempt from the payment of annual dues. Dues shall be payable on or before the first day of March in each year at the office of the Secretary.

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Section 2. If said dues are not paid on or before the closing of the annual convention for the current year, the Secretary shall notify the members in arrears, enclosing a copy of this Section; and if said dues are not paid on or before the succeeding first day of January, the delinquent member shall be suspended and thereafter shall not be entitled to receive notices, or copies of the transactions, or to participate in meetings until all arrears are paid in full.

Section 3. At any time within three years after the date when dues are first required to be paid a member who has been suspended shall be reinstated upon the payment of the amount due at the time of suspension. Otherwise membership in the Association shall be terminated.

Article VI

Section 2. The Secretary shall furnish to each member, except as provided in Article V, Section 2, a copy of this publication.

The Chairman: You have heard the reading of this proposed amendment to the Constitution. What is your pleasure?

Mr. Anderson (Raleigh): I move its adoption.

Motion seconded and carried.

Article V, Section 1, of the By-Laws, as amended, was next read and adopted on motion of Dr. Molder.

Dr. Nealley: In Section 3, I did not understand why he should be reinstated upon payment of the amount due at the time of suspension rather than at the time of being reinstated. A member owing one year's dues, who has been suspended for three years, upon paying the one year's dues could be reinstated to full membership. It seems to me that he would still owe us the three years' dues and could be suspended again.

The Chairman: I am going to ask the Chairman of the Committee on By-Laws to say something on that subject.

Mr. Borden: That was largely a question of financial policy; in other words, some people did not like something that was going on in the Association perhaps, and forgot it, did not pay their dues, but nevertheless were desirable people, and they repented and were taken back again; but if they had accumulated $15 or $20 of dues during the

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interim, they would prefer to stay out rather than pay in such a big sum. The idea was that it was better to get them back on the payment of $5 with the additional $5 due for the coming year, than ask them to pay an amount which some of them would hesitate to pay for getting back into the Association. Another way would be that their membership would be terminated and they could get back simply on payment of the initiation fee and the dues for the coming year, unless we made the dues practically as they were; it was an inducement for people to stay out during the full period until their membership was terminated and then make application to get back as members.

The remainder of the amended by-laws were adopted without discussion.

THE CHAIRMAN: I should like to ask Mr. Borden if he is ready to introduce the resolution that he has prepared for our consideration?

MR. BORDEN: You will remember that early in the session it was suggested that it might be important for this Association to consider the means by which it could be made more influential for good in connection with war service. It is not the intention of the Association to trespass in places where its presence is not desirable, but your Trustees believe that, with the experience and knowledge of the members of this Association in the particular field of hospital administration, its services might be of great use at the present time, and so, at a meeting held last night, it was voted to recommend to the Association the following resolutions. Perhaps, instead of trying to explain the reasons for them more at length now, it would be better for those who have any inquiry to make to ask questions concerning the resolution after it has been read.

RESOLUTION PROPOSING THE APPOINTMENT OF A WAR SERVICE COMMITTEE

The American Hospital Association, composed of administrators of hospitals with investments of over $300,000,000 and annual expenditures of over $125,000,000, all devoted to the sick and injured, having earnestly considered the needs and opportunities of hospitals in war-time, submits the following:

Always interested in the welfare of the citizen, hospital administrators must, all the more, be interested in the wel-

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fare of the citizen soldier; yet must continue guardianship over the health of men, women, and children who remain at home.

The functions of the hospital are many. It provides money, buildings, and equipment; furnishes organized medical, nursing, and technical care; assists in the education of physicians and nurses; affords opportunities for research and the development of improved methods for treatment of the sick and wounded, and provides, and teaches means for providing, surgical dressings and materials.

America's first contribution to active field service in the war was hospital units of physicians, nurses, and supplies organized and equipped by various hospitals. These mobile units have been of inestimable service to our Allies and ourselves, yet the fundamental assets of a hospital have as yet been put to little use. These are the building, equipment, and perfected organization of a well-established hospital. They should be utilized to the fullest possible extent, not only because the operating rooms, laboratories, *x*-ray facilities, wards, and other departments cannot be equaled by extemporaneous or temporary construction, but because the skilled physicians, nurses, and heads of departments who must remain at home can be made available. Moreover, the usefulness of hospitals for the education of physicians and nurses would thus not only be continued, but enlarged, and the necessary supply of physicians and nurses for future military service would be maintained.

Hospitals should be made aware of the military service which they may be called upon to perform at the earliest possible moment, in order that due preparation and organization may be perfected. Existing hospitals should be used for military purposes as much as is compatible with military efficiency; and, in preparation therefor, the management of hospitals should arrange to conform with the requirements of military discipline.

It is the desire of hospital authorities to coöperate to the greatest possible extent with military authorities and with the National Red Cross, in order, first, that the men who have devoted themselves to patriotic service shall have every advantage which the most skilful medical care, the most competent nursing service, and the best of scientific apparatus may render; second, that the needs of the civilian population shall not be neglected and hospital organizations may be conserved and continued for the education of physicians and nurses.

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In view of all these considerations:

Be it Resolved: First: That a competent hospital administrator, familiar with hospital organization and practice and with hospital facilities in the United States, should be made a member of the National Council of Defense in order that his special knowledge in such matters shall be always available.

Second: That this Association shall place on record its earnest desire, and that of the hospitals represented at this meeting, to coöperate in every way with the Government in the care of sick and injured soldiers and sailors, and in the conservation of the health of our people.

Third: That, in order to be fully prepared for service, the Board of Trustees be and they hereby are instructed to appoint a committee from this body which shall, as far as possible, inform itself of all military needs and requirements in which hospitals may be concerned; shall be in readiness to consult and advise with military authorities with regard thereto, to take such action as may be important, and in general to assist in every way where hospital service may be of value to the country.

Fourth: That the Trustees shall take such steps as they may deem necessary or expedient to bring these resolutions to the attention of the proper authorities, and, in the language of our Constitution, "to promote the welfare of the people with efficiency and economy."

THE CHAIRMAN: You have heard the reading of this resolution, what is your pleasure?

(On motion, the resolution was unanimously adopted.)

There being no further business, the Association took recess until 2 P. M., at which time the meeting was called to order by President Wilson and the program resumed.

THE CHAIRMAN: There will be a meeting of hospital dietitians at this hotel October 18–20 next. A very helpful and interesting program has been arranged, and it is desired that all superintendents send their dietitians to this meeting. In order to have a complete mailing list, it has been requested that the names of dietitians and the name of the hospital with which they are connected be sent to Miss Lulu Graves, Lakeside Hospital, Cleveland, Ohio.

The first thing on the program for this afternoon is the address of the Governor. I will ask Mr. Wright to introduce him.

MR. WRIGHT: Ladies and Gentlemen: The local com-

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mittee had expected Governor Cox to be here to-day, but we think he has a perfectly good excuse for his absence—he is on his way to Chicago this afternoon and will be married in Chicago to-morrow afternoon. He has sent his personal representative here, however, to speak for him, and this gentleman is also the representative of the Ohio Branch of the Council of National Defense. He is the State Fire Marshall of Ohio, and I take very great pleasure in presenting to you the Hon. Alfred Fleming.

MR. FLEMING: Mr. President and Members of the American Hospital Association: It certainly gives me a great deal of pleasure to meet with you this afternoon, although under peculiar circumstances. I am endeavoring to represent one of the greatest statesmen this country has ever known, a man who, in these war times, has found his way ahead of the battle-line in connection with the arrangements and preparations in this state. I am sure you all realize that if he were not on such an important mission in an attempt to secure extra help from another state for Ohio, we would certainly feel that he had no adequate reason to keep him from being with you to-day, but I assure you that it is a very great pleasure for me in a certain degree to represent him and also the Ohio Branch of the Council of National Defense of which my esteemed friend, Senator Wright, is the Executive Secretary. Some time ago, just prior to the declaration of war, the Governor of this state, owing to the railroad situation being tied up as it was at that time, gave utterance to one statement which has become world famed. It was this, that if a strike came, as was threatened, he, as the executive of the state, would take over the railway situation and would see that commerce went on unhampered. This statement not only startled Ohio, but startled all the other states in the Union. Three-quarters of his time is given especially to the great movement in which you are so truly interested and so much engaged at this present time. I congratulate the members of this Association on the splendid assistance you have been voluntarily giving in connection with the present war crisis. I realize that America has sent to the front some of her choicest talent, and I realize that it is owing to the extra work, the extra effort that is being exerted at home, that this is made possible, and so I congratulate all of you because I realize that we are at the present time interested in a world-wide movement to make the world realize what democracy is in these great United States. America did not go into this war just

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as a pastime. I believe America has come to the time and the place when she must be a world teacher and there must be the truest and best coöperation among all her citizens. The first time that the American flag ever floated in England from the House of Parliament was on July 4, 1917. Over in France, on the same date, the Stars and Stripes mingled with the official colors of that country, in honor of that day which has meant so much in the history of the United States. For the first time in all the history of the world down in Italy on the Fourth of July the Italian flag and the Stars and Stripes floated together. Go back in our history and we will find that at times when we have been separated there has been a chasm between the north and the south, and a little incident that is recorded in history gives to me the most touching and complete union which we ought to have at the present time, as evidenced by the incident down in Cuba. Just after the Maine was blown up two soldiers were walking on the deck of a battleship. With one shot both men fell. They fell right beneath the flag as it floated in front of the vessel, and their life blood ebbed away. The two streams joined together before they passed into the great Atlantic below. One was from the north and one was from the south. One was a representative of the northern element and the other was a representative of the southern element, and that beautiful union seemed to be worked up by One whose hand is way beyond ours, whose thought governs the world, and so I believe today that there should be a most complete union among all our people to do their very best in connection with our coast defenses and our home defenses. I am very glad that the Council of National Defense of the state of Ohio is giving its time to every phase of that work in this state. They are conserving the coal and are making it possible to supply every person, every manufacturing establishment, all our homes, all the farmers, in fact, all the people of the state of Ohio. They are making it possible for them to get coal when they need it, which was not possible before. They are making it possible, through the donated services of 257 of the best experts the Federal Government has; these being donated to the state of Ohio under the direction of the Ohio Branch of the Council of National Defense, and the government of the state completely conserves every particle of our food supply and industrial products for war purposes. At the present time the Ohio Branch Council has tab on certain men who are unknown to the world on the outside, so that they can keep in direct touch with every phase of hazard

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which may arise. Down in the city of Cincinnati, in one of the largest plants we have in the state, where $225,000 worth of food supplies is handled and kept at all times, a plant was found in the sub-basement where a certain gentleman of foreign affiliation had charge, and was only assisted by one other, and up in the ceiling of that room a hole had been made and that hole was stuffed with the finest degree of excelsior all ready to set fire to the plant. If that had taken fire, it would be impossible, the chief of that city said, to stop the blaze until $5,000,000 had been burned up. Down in the city of Guernsey, just a few days ago, a plant was found inside of one of our warehouses, arranged with an alarm clock so that when the alarm went off at two o'clock in the morning, as it was set, it would wind up a string, and as it let go this would cause a knife to pass across another string, letting loose a piece of wood in which five matches had been placed, and that would draw them across a piece of sandpaper—completely worked up and put in there. Now the Ohio Branch Council of National Defense not only takes care of all these hazards and eliminates them, having a man on the job in almost every township in the whole state, but it also gives to us protection. A little while ago so many people were giving voice to the sentiment that there were people going through this country who were trying to buy up the crops and burn them or buy up the crops and plow them down. It was the Council of National Defense in Ohio that, with the aid of the Governor, ran down all those plots and eliminated the possibility of a hazard or a loss which would likely accrue. Would you realize this—I know you have splendid things on your program in store for you this afternoon—would you realize the enormity of the fire loss in the state of Ohio and the United States of America? I want to say this right here, and I do not believe any person really realizes the enormity of it unless they have just stopped to consider it. In the United States of America $250,000,000 is burned up by the fires that are reported. Only half of the fires—about half of the fires—are reported. Double that, if you please, and you find at least $500,000,000 that is put out of existence entirely every year. Add that to the upkeep of our fire department, which is maintained in order to control those fires, and you will have over a billion dollars of our money that we put out of existence every year just for this one hazard, and the people have failed to wake up. Would you realize that the great cost of the Panama Canal down here would be paid in two years by the ordinary fire loss without the fire department

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upkeep at all? Would you realize that the teachers' salaries all through the United States would be paid and $200,000 left over in the treasury if the fire loss were turned over to pay their salaries? The enormous postal service of the United States does not come up to the fire loss within $185,000, and yet you and I have simply allowed these things to go without ever waking up or realizing that it was our ardent duty to protect not only the state, but the nation, against fire in this critical time. Let me say that the President was right when he said that one of the most serious dangers at the present time is the danger from fire. It costs us, on the ordinary, taking $250,000,000 as the fire loss, it costs us $500 every minute in order to pay the bill. Taking with that the unreported fires and also the upkeep of the fire department, and it costs us $1400 every minute, night and day, whether we sleep or wake. Now, is that worthy of our attention? Is it not something that you and I ought to take to our communities and make a special subject of our own thought and our own interest in connection especially with this great war crisis? I wish, on behalf of the governor, to express to all of you his best thought, his most sincere consideration, of these great problems which have interested you. I think you will bear me out in this, that of the governors of the state of Ohio, the one who has given prominence to the aggressive movement of the hospital and medical association has been our present Governor Cox. He stated to me yesterday, because he had arranged or felt he had arranged a way by which he could get to Cleveland, deliver his address, and still complete his arrangements. I know that you have his very best thought, his choicest consideration, for the interests in which you are engaged, and it is my hope—my personal hope—that after this war is all over and you have had your part and I have had mine, we will be able to see the principles and ideals for which we have fought, and which we have loved in every nation under the sun. Thank you very kindly!

THE CHAIRMAN: The Association will now have the pleasure of listening to an address by Dr. Henry C. King, of Oberlin, Ohio, on the League to Enforce Peace.

DR. KING: Mr. President and Members of the American Hospital Association: I shall not repeat before you, as I am sure it will be unnecessary, the familiar argument for the general policy of the League to Enforce Peace. I am going to ask you, rather, in the few minutes I have at my disposal, to think of the grounds of hope in the changing

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world-order that may help us to believe that something like the aims the League to Enforce Peace has before it may be encountered, the grounds of hope in the changing world-order, which may be said, I think, to have as its outstanding characteristics six things which I here pause only to name:

1. Constantly intensifying world solidarity.
2. Prodigiously increased resources of power and wealth and knowledge.
3. Forced scientific coöperation and organization, on a scale and to a degree never before seen.
4. The appearance of a relatively new philosophy of the state, making it superior to all morals.
5. The destructive use of scientific knowledge and forces.
6. An almost world-wide trend toward democracy, and still more recently a league of nations to enforce peace already in existence, and a new and actual internationalism with a supernational control of the world's necessities.

What do these characteristics of the age mean for the interests of the race? Of these characteristic world phenomena, three, I think,—the trend toward democracy, the league of nations to enforce peace, and the new internationalism,—we may believe will positively help toward a better civilization, toward a new epoch for humanity.

THE CHAIRMAN: Just a year ago many of us visited a military base hospital, officered by the Lakeside Hospital, of Cleveland, Ohio, which was on exhibition in Fairmount Park, Philadelphia. We little thought at that time that the country would now be at war. The executive officer of that hospital contingent has just returned from France and is now with us. You are about to hear something about his experiences in France. I take great pleasure in introducing to you Dr. Hoover, of Cleveland, Ohio.

DR. HOOVER: Let me say there is a mistake in introducing me as executive officer of Base Hospital No. 4; I am not the executive officer; there is an administrative officer who is an officer of the regular army, and the office of director was held by my colleague, Dr. Wright. I was assistant director and Chief of the Medical Service. I felt as though I shared in the distinction which was conferred on Lakeside Hospital in being the first organized unit of the American army to arrive in France. I little suspected at that time that I should enjoy what may be a distinction—to be the first man to get home. For some reason it seemed advisable that I should come home; not, I hope, for the good of the service in France. No doubt many of my friends are eager to learn what sort of impressions I have

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had. Impressions are rather dangerous things to utter because they are very often interpreted as opinions, and you will be able to differentiate between impressions and opinions. If you are, it may be a safe thing to talk; otherwise it will probably be rather unsafe; but there are some rather definite impressions we received from our experience in France, and I would first like to speak of one that I have heard my own colleague speak of more often than any other, and that has been the very great service of women in France and in Britain. I am not saying that simply because the women seem to predominate here this afternoon, because I very definitely made up my mind that I would make that statement before I came into the room; furthermore, the service that women have performed has, I think, profoundly impressed all the men. The courageous manner in which they have discharged their duties, the utter disregard of immediate danger with which have gone about their hospital service, and the promptness with which they have responded to all kinds of orders. The manner in which they have refrained from panic under trying conditions aboard ships and in hospitals that have been bombed, and in going along the road in transports and ambulances, I am sure has enlisted the admiration of all the men—the reverence of the men more than their admiration. In talking with a young medical officer recently who happened to be on a ship which struck a mine off the Mercer, in describing the experiences they had when they were compelled to leave the ship in quite a high sea, a very hazardous undertaking, and they were all compelled to get off in small boats, and I asked him about the morale of the men, the discipline and behavior of the crew and the passengers and the women, and his reply to me, I should say, illustrates an experience which all of us have had who have been anywhere near the zone of Belgium and in France. He said this to me: "There was a stewardess aboard that ship who had been aboard the Titanic when she met with disaster, and I should say it was absolutely impossible for a man to do a cowardly thing in that woman's presence." I should say that experience has been confirmed by very many men, and I wish to speak of this because I think it has a very great influence, I say not only on myself, but on very many of my colleagues, and it may not be out of place for me to say here that I fully, in my own mind, and I may atone for the opinions I held in the past of not being in favor of suffrage for women, but I should say that in the future I am enlisted in the ranks of the suffragists. And I am not a candidate for office either.

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I have spoken of this somewhat at length because I think it is an extremely important thing, and among the very important influences on the world's thought which President King has so ably depicted for us here this afternoon. I should say this, the place of woman being a fact I think all men are convinced who have been over there of the equivalence, not the equality, but the equivalence, of men and women, I think that effect on the world's thought is going to be quite as important as some of the other political and sociological aspects of the result of the world war. Another thing I have been asked about rather frequently, and that is our relation to the British. I think a great many people—my acquaintances at home have been somewhat apprehensive about a close contact with our British friends, and I have been asked, "How did you get on with the haughty conservatism of Britain?" Now I can say very frankly that we saw nothing of haughtiness and nothing of conservatism, nothing but the frankest and most cordial reception and most hearty coöperation—far more than we could reasonably hope for. To give you some idea of our relation with our British friends, I think in our camp there were two American hospital units—had those two hospitals under their charge, with about twelve British hospitals in our immediate vicinity. The social relations, the visiting back and forth between our mess and the British mess, vastly exceeded the visiting that passed between the two American camps, and that was in spite of the fact that the men in the two different American camps were warm personal friends, very good friends, and had been for years prior to our going to France, and I am sure that some of our men who shared somewhat of the same apprehension in going into a British hospital, in working with British officers, had their fears allayed within a very few days. So I should say that all the skepticism which may have been held—and we learned lately that the British were somewhat skeptical of us just as we were of them, but we had not been together more than a month when the British officers who were left to look after the administrative work of the hospital in the transference from the British to the American officers, when their British colleagues left, they carried away some highly valued tokens, at least, all of which were very freely subscribed for by each man of the officers in our company. Surely I could not speak too highly of the extreme cordiality and extreme friendliness and frankness of the relations between the American officer and the British officer. I think this skepticism originated very largely

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because from the time we were children in school we were taught reverence for the traditional relations with France—I would not wish for a moment to detract from it; I think it is due; we have not done too much for France, nor do I believe we have done enough, or that our sentiments of friendliness and affection for France have been in any sense exalted above their true merit, but, after all, we have the same language, the same literature, and the same songs as the British, and there are some very essential things that we have in common with them, and I should say that the homely virtues, such as justice and mercy and truth, we have in common with the British, and those, thank God! we have not in common with the Teutons. And I should say that those things, after all, form probably a more solid basis of union than some of the superficial criticism and the love of ragging and satire which is common to the British and the Americans alike, and we have exercised it on each other reciprocally and rather liberally too, for a great many years. I should say that our mutual interpretation of each other will be very different after this war, and I can assure you that it is very different in France to-day. I think some of the things that may interest you would be the organization of the British Medical Service. I think any one who has seen it at work will be profoundly impressed with its efficiency, as we are with all the work of the British. Of course, I speak of the British, mind you, not in disparagment of the French at all, because I had no opportunity to see the French; I did not come in contact with French troops; all of our work was in service with the British army, and all the visiting I had the opportunity of doing was to the British forces, but any one who will go behind the lines, as we have had the opportunity of doing, going, say, from the region of Ypres up to Dunkirk, he would be profoundly impressed with the sense of absolute security of that solid British line. Then the organization of the medical service. It is simple. All the paper work, for which we had a great deal of care, is very simple indeed; there is not one bit more required really, than is absolutely necessary to keep track of a man from the time he leaves the line until he is properly transferred to some hospital, either a base hospital or a hospital in Britain, and returned again to service or mustered out of service. It is not at all burdensome and very simple for the medical officer to do in his routine work in the ward. The first organization of course immediately behind the fighting line, on the line, is the dressing station. Formerly the British medical

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officer was compelled to go over the top in a charge with his men. The only reason for that seemed to be to inspire the men with confidence, and the medical men did go over the top and of course the British lost a great many of them and they lose a great many men who do not go over the top. The casualties, that is, the deaths and severe wounds in the Royal Army Medical Corps, have been 10 per cent. of the total service during the war, which is a pretty large percentage of fatalities. These men are all exposed to the greatest dangers on the fighting line, with the regiment, in the trenches, and in the advance dressing station, and quite as hazardous an occupation is that of running the ambulance between the advance dressing station and the C. C. station which is, to the British army, what the field hospital is to the American army. At these C. C. stations, or casualty clearing stations, the patients are sorted out. The men we believe will be capable of standing the journey in an ambulance are sent to a base hospital 25 to 75 miles away; they are marked out. We take the man who probably cannot stand the journey, either the medical or surgical case, that is, a slight wound or one that we believe will be running a great risk by being transported on an ambulance to the base hospital, is kept at the casualty clearing station, and he may be returned to his line or may later be sent down the line, so that the work in the casualty clearing station is necessarily purely emergency surgery—it is largely, you may say, amputative surgery. I do not mean to say there are amputations of limbs always going on; unfortunately, many amputations have to be done, but there is a great deal of trimming surgery—trimming away all the ragged tissue and getting down to the uninfected tissue which surrounds the wound; that is the character of the surgery done at the casualty clearing station; reparative surgery is not done there. There is little occasion and no time for it. Then patients that are sent down to the base hospitals, which may be 25 to 75 or 80 miles from the line, are kept there only a short time. We speak of them as base hospitals; they are not base hospitals, they are evacuation hospitals. Patients are not kept there long. If a man can be referred back to his base probably within three weeks, he is kept in this central hospital, and a man may be sent to the convalescent camp and through the convalescent camp returned to his base or to the line. If the man has not a prospect of going back to service within a month, he is sent to the blighty. He gets a blighty and I assure you that nearly every man in the hospital looks

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very expectantly toward the Chief of Medical and Surgical Service who comes around with a blue pencil to give him a B or a C. C. C. C. means convalescent camp, and B means blighty. Now as to the origin of the word blighty; it originated in this way. In India England is known in the Hindu language as *belligi*, and, of course, the Tommy very promptly transformed that into *blighty*, from *belligi* to *blighty* was an easy transition for the average British soldier, so England was always spoken of by the British soldier in India prior to the war as *blighty*, and as these men came pouring back into England, it came to have much the same significance to the army in France as it had to the army in India and became incorporated as an approved word in modern English. These men are taken on hospital ships when they are to be taken to England, from a number of ports in France. The men are not kept long, so one sees his patient only a very short time at the casualty clearing station and sees him only a very short time down at the so-called base or the evacuation hospital, not more than three weeks and few of them more than a week. We may have an addition of say 600 patients in a week and 600 go out; we may have 1200 patients in a week and probably 1400 go out. They were caught some time ago at the battle of the Somme where we have had our service in our hospital, in fact, they had 500 vacant beds and they were caught with 1500 patients, a very painful experience, so that of course the Director of Medical Service—and you will hear him spoken of as D.M.S., and if he is deputy director, he is spoken of as D.D.M.S. and the D.M.S. and the D.D.M.S. are extremely insistent every day to get the patients out, we are hammered every day because the big push may come on any time and that is what makes the army service hard; you are held ninety-nine days for the one hundreth day emergency. The men who go to blighty are received in all sorts of hospitals; they are the real base hospitals and the only ones which serve the British army. I fancy the real base hospitals we are to have will be in France; I can't say, they may be in England, and some of them may be in America. We may have to have a slight difference in the character and organization of our medical service in that respect, but I am quite sure that the British organization, from the line to the base hospital, or to the evacuation hospital, such as obtains to-day, in the British hospital will be imitated by the American organization, and I feel quite sure they cannot do better. One may ask what kind of a medical man, what kind of a surgical man, what

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kind of a doctor and surgeon is required. All kinds. The bulk of the work is not profound work, it is very simple work. At a casualty clearing station I should say the service of a very good surgeon or a first class surgeon, as we may call him, is not so much in his diagnostic skill, he may not be needed so much for his skill as an operator, but we do need his surgical judgment as to what should be done with a man. After all, it is quite as important probably as diagnoses and operations. For that reason we want good surgeons there. The good surgeons are being crowded up into the casualty clearing station; that is where they can do their best work so far as their medical skill is concerned. Professionally the most inspiring and interesting kind of work I found at the casualty clearing station. The bulk of the medical work is probably routine, but then they may spend days there doing very ordinary, uninspiring work, and on the hundredth day, work which may be of extreme value; but I should say the surgeon, not the doctor, must be there for the hundredth day just as much as the commander of infantry and artillery must be on hand for the hundredth day service. The character of service at the so-called evacuation hospital is much of the same character. Of course, we have not so much of the emergency variety at the evacuation hospital as we have at the casualty clearing station, but it savors very largely of the same experience and it is not until you get probably over to blighty that one would have much of real careful or serious medical work. I do not mean to say that there is not careful work done, but there are many kinds of medical service and many kinds of surgical service we would wish to confer on these men that it is impossible in times of stress and rush, impossible on account of want of equipment, impossible on account of time which the medical officer cannot possibly give, which you could not possibly expect, it could not be provided for, but so far as what one may term the humanitarian medicine and surgery, that is, sound medicine and sound surgery, the British soldier has it from the time he is stricken in the line until he gets to blighty, and after that.

THE CHAIRMAN: The next item on the program is the report of the Committee on the Nomination and Election of Officers, Mr. Webster, of Montreal, Chairman.

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REPORT OF COMMITTEE ON NOMINATION AND ELECTION OF OFFICERS

President: DR. A. B. ANCKER, City and County, St. Paul.
First Vice-President: DR. A. R. WARNER, Lakeside Hospital, Cleveland.
Second Vice-President: MR. E. S. GILMORE, Wesley Memorial, Chicago.
Third Vice-President: MISS GRACE FAIRLEY, Alexandra Hospital, Montreal, Can.
Secretary: DR. WILLIAM H. WALSH, Philadelphia.
Treasurer: MR. ASA BACON, Presbyterian Hospital, Chicago.
Trustee (three years): MISS MARY KEITH, Rochester, N. Y.

Signed: H. E. WEBSTER,
W. G. NEALLEY,
L. H. BURLINGHAM.

THE CHAIRMAN: You have heard the report of the Nominating Committee: what is your pleasure?

(It was moved and unanimously carried that the report be adopted.)

THE CHAIRMAN: Have the Trustees any further business to bring before this Association? If not, I will ask Mr. Wright to address the convention for a moment.

MR. WRIGHT: Mr. President, Ladies and Gentlemen: This is another one of those unexpected calls for service. May I say, in behalf of the Cleveland Hospital Council, which has acted as the Local Committee on Arrangements, that we have been exceedingly glad to have all of you present on this occasion. You have honored us with your presence and have inspired us to greater things and to greater patriotic service. We hope that we may have the pleasure of entertaining you again. Thank you!

THE CHAIRMAN: I am about to relinquish the Chair to a younger and abler man, but much older in the American Hospital Association. Before I do so I wish to express my sincere thanks to all of you for what you have done to make this meeting a success. I want to thank the officers, the

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trustees, the committees, and the individual members. If I were to enumerate them, it would simply mean the calling of the roll of those who are present here now and have been present during this meeting. I can say no more. Without their support, the meeting would have been a failure. With their support, I hope it has been fairly a success. I now appoint Mr. Pliny Clark to escort the President-elect to the platform.

President-elect Ancker was escorted to the platform and received with applause.

THE CHAIRMAN: Members of the American Hospital Association, Guests, and Friends. It is a great honor to be able to introduce to you Dr. Arthur Ancker, your President.

(President Ancker takes the chair.)

CHAIRMAN ANCKER: Ladies and Gentlemen; Members of the American Hospital Association: In accepting the presidency of this Association, I wish to express to you my hearty thanks for the compliment which you have paid me and to assure you of my very keen appreciation of the responsibilities as well as of the honor, and if I only have your coöperation, which is always necessary to the success of any enterprise in any concern, I will give my best efforts to advancing the interests of the Association. I thank you again for the compliment. I wish to call upon Mr. Test to thank the Society of the City of Cleveland for the entertainment and reception we have enjoyed.

MR. DANIEL D. TEST: Mr. President and Friends: Your program announces that there is to be an address of thanks to the city of Cleveland. I think you will all agree with me that the occasion calls for an address which could be called an address, but I did not know that this task would fall to me until late this morning, so that is impossible, but what I fail to express in words, I am sure the good people of Cleveland can feel, because I am sure that they can feel our hearts pulsate with the appreciation that we feel. When a young married couple returned to New York after having spent their honeymoon in Europe, the custom officers asked the bride if she had anything to declare. She hesitated for a moment, and then blushingly said, "Nothing, only I love George more than ever." The thing that I have to declare this afternoon is that I love Cleveland and its people more than ever, and in making that declaration I know that it strikes a responsive chord in the heart of every one who has been fortunate enough to attend this

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convention. I know this isn't any place for sentiment and yet I cannot come to this part of the country without getting a little sentimental. Not far distant from here I spent my boyhood days. Not very many miles from here is the birthplace and the old home of a saintly woman who is my wife and if there is anything that will warm a fellow up, it is to go back to the land where he made his early and successful conquest. But I am sure that those of you who do not have this background, when you entered the State of Ohio, and particularly when you came to her Lady of the Lake, the city of Cleveland, that you realized that here is something worth while. Cleveland is the city where things are accomplished. Now I am not going to tell you much about it, but I have jotted down two or three things which I did not want the stage fright to drive out of my mind. In the first place I have been tremendously impressed with Cleveland's industries and her mercantile establishments. I visited, in company of some others this morning, the plant of the White Motor Company and we saw there a wonderland, as one of my friends referred to it. We saw there the finest spirit of coöperation between employer and employee and I rather think that is the spirit in Cleveland, all through Cleveland. I am much impressed and I think you are too, with her street car system and her low fares. Look at the physical condition of her streets! Look at the philanthropic institutions in her hospitals! and these are the results of the energies and the ideals of her people. And one thing especially to which I want to refer and which should be of deep interest to us, is the Cleveland Hospital Council. Unless it is in the city of London, there is no other local association, I am sure, in the world, which compares with this. Perhaps some of you do not know that this Association annually raises over $6000 and employs the full time, as its Secretary, of a live and big gauged wire, our good friend Mr. Wright. The Council not only seeks to reach an ever high standard of efficiency in hospital work, but is the leader of those things in the social life of the community which are for the upbuilding of Society, especially those things which affect the needy classes, and in order to bring their efforts to fuller fruition, they put down the insistent barrier between political parties and got behind and succeeded in sending to the State Senate one of their members to foster and push legislation not only for the good of their city but the good of the entire state and as a good example to the whole country. I must refer again to our good friend Wright. I am not going to say

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the Honorable Mr. Wright this afternoon, I don't think he would like it. Now to show you just one or two things which this Council accomplishes, I think I should refer to them. They have been instrumental in getting through the Legislature a bill which authorizes the Governor to appoint a Commission to study health and old age insurance with an appropriation of $25,000 and they have gotten one of their members, our good friend Dr. Warner, as a member of that Commission. They have also been instrumental in getting through the Legislature a Commission for a hospital and medical practice survey, and Mr. Wright is a member of that Commission. If we can witness these things and not go back home with a new vision of what can be accomplished when we put out shoulders to the wheel, with heart and mind and a little ginger, it seems to me we are hopeless, and now what have they done for us? You know better than I can tell you. In the first place, they have received us with a hospitality which is not gushing and superficial but which is genuine and sincere in a peculiar way; they have stood in with the weather man and have given us most delightful weather during the weeks and months which have passed and especially during the days of this convention week; they have spared nothing to make this convention a success and to give us a royal good time. Now I am sure that I voice the feeling of every one here when I express an appreciation which comes from the innermost depth of my soul to his Honor the Mayor who sent to us such a cordial welcome, to his representative the Director of Public Welfare whose message was cordial and sincere and to all others in the city government who have had any part in bringing our convention here; to the press who have given us liberal space in their columns, to the good friends who furnished automobiles for our delightful ride yesterday and to the management and enterprise of this hotel, and last but not least to the Cleveland Hospital Council which is the local Committee. I realize that words of mine fail to adequately express the appreciation we feel, and I do not think any of us would be quite satisfied unless we had an opportunity to stand up and give them a rousing vote of thanks, and all in favor of this please stand up.

I hope the Cleveland Hospital Council will take the credit which they so rightly deserve, and I hope they will convey to his Honor the Mayor and others the action of this meeting. Our mingling together here—as a result of our mingling together here under these auspicious circumstances I believe that we will return to our work with a

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little clearer vision of our duty than we have had before, and I believe meeting as we have done in this hour of the world crisis, that we have caught an inspiration which will carry us past our hospital work. I believe we will return home with a larger purpose. I believe we will return home with a greater determination to do out bit, whatever that bit may be, in hastening the day when the blight and curse of militarism and autocracy will perish from the earth and when every child under Heaven will be able to breathe the air of true democracy and righteousness. If we have caught the spirit which the hour calls for, we have caught a new vision of the spirit of brotherhood, we will go home not only with a greater desire to serve our hospitals better, but we will go home with a greater desire to serve our fellows, and, may I say, with a greater determination not to dishonor Almighty God. May His richest blessings rest upon this fair city and these good people is the prayer of our hearts as we say good-by.

THE CHAIRMAN: The Secretary has some communications.

SECRETARY WALSH: The original program had a notation that there would be some entertainment on Saturday morning. That was an error. I am in receipt of a letter addressed to me as Secretary of the Association from Dr. Franklin Martin and Dr. F. F. Simpson, of the Council of National Defense, which I will read.

SEPTEMBER 13, 1917.

From Dr. Franklin Martin and Dr. F. F. Simpson.
To Dr. William H. Walsh, Secretary American Hospital Association.

Subject: 1. Will you be good enough to convey to the members of the American Hospital Association, assembled in Cleveland, our cordial appreciation of their prompt responses to our letter of July 21, 1917, in which we suggested that they increase their numbers of student nurses to the limit of their clinical facilities for teaching and their housing accommodations.

2. We are convinced that the Committees on Nursing of the General Medical Board have analyzed the nursing situation with clearness of foresight and that their program will be effective in producing the largest possible supply of skilled nurses.

3. The accompanying report, which was presented to the

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General Medical Board on Sunday, September 9, will show you the basis of this belief.

4. It is reassuring to note that 500 superintendents of nurses state that the present supply of graduates in their communities is either adequate or at least not appreciably affected by the war.

FRANKLIN MARTIN,
Council of National Defense.

REPORT OF COMMITTEE ON NURSING, GENERAL MEDICAL BOARD, COUNCIL OF NATIONAL DEFENSE

SEPTEMBER 9, 1917.

1. The Committees on Nursing of the General Medical Board are acting in coöperation with the Red Cross in an advisory capacity. At the same time, they are endeavoring to determine how many nurses are available for service both to the civil and military population and also to increase that supply by all advisable means.

2. Your Committees have to report the following results of their work during the past two months.

3. Until the survey, which is still in progress, is complete, the committees accept the authoritative statement that there were—79,000 registered nurses in May, 1917. It is estimated 120,000 others are rendering nursing care. Estimated total, 200,000 persons engaged in nursing. A very large majority of these are engaged in private nursing. There are only 6000 public health nurses. Approximately 13,000 students graduate annually.

4. A special appeal has been sent to these young women to enroll at once for war service.

5. In addition to these general figures, the following tentative deductions, taken from the first 500 replies to a questionnaire sent to—1000 Training school superintendents appear to represent pretty fairly present local conditions.

(*a*) 51 per cent. report no shortage of nurses in their communities so far.

(*b*) 44 per cent. of those who do report shortage—say it is slight.

(*c*) 44 per cent. of this shortage is in private nursing; 23 per cent. of this shortage is in institutional nursing; 15 per cent. of this shortage is in all other branches.

(*d*) 95 per cent. report that they can carry on their work satisfactorily for the present and about the same number say they can do so for the next few months.

(*e*) 900 of the 1918 class of these 500 schools, who would ordinarily not be graduated before May or June, will have

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completed their full time and can be released for service at an early date. This figure can safely be multiplied by three, thereby representing the probable number of available from all of the 1500 registered schools.

(*f*) The attitude of the schools toward including some public health instruction and training in the senior year is very encouraging. Some are ready to do so. This will save part of the time required for post graduate courses in public health nursing.

(*g*) 60 per cent. report an increase of students. 2000 pupils represent the total increase for these 500 schools, which probably extends back over a period of six to eight months instead of the last three or four months.

(*h*) 40 per cent. report local publicity measures to interest young women in nursing.

6. These reports concerning private duty nursing will soon be verified by returns from a similar questionnaire which has been sent to about 50 central registries of private duty nurses throughout the country. It is a well-established fact that a large per cent. of private duty service is a luxury rather than a necessity to those who employ it and can be more easily released for war service than any other.

7. The regularly inadequate supply of public health nurses will be conserved to the greatest possible degree by a special plan of selection whereby the local agencies are being asked by the sub-committee on Public Health Nursing to designate their staff members who can be spared and for which specific service they are best qualified.

Two thousand and three hundred public health nursing agencies will assist in this application of the selective draft. The Committee's secretary is also serving as chairman of an Advisory Committee on Selection of Public Health Nurses to the Red Cross Nursing Service.

8. As a last resort, in case of great extremity, all the schools giving a three-year course could move forward their graduation from four to six months, thereby releasing a very large per cent. of the 13,000 graduates in any given year. The schools can be relied upon to meet such a need.

9. In the judgment of the Committee, the foregoing estimates of present and immediately potential strength seem reasonably sure. However, its members are deeply sensible of the great obligation to care for the civil as well as the military population in the best possible way and measures; and it shares the public confidence that, having been given the Red Cross classes as nurses' aids, the lay women of the country can and will meet the nation's need

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when the supply of nurses fails. In addition to the care of minor illnesses in their homes and neighborhoods they can be very useful in public health nursing fields. It is also probable that they can be of great assistance in reconstruction or convalescent hospitals.

10. But also recognizing the importance of providing for the future, the Committee began at once to exert every possible pressure to increase the student body in training schools.

11. Its letter to hospital superintendents, signed by Drs. Martin and Simpson, brought immediate and unanimously cordial response. 700 letters were sent; 335 replies have been tabulated; 212 are willing to increase their classes; 30 have done so—some offer to add; 53 have increased their housing accommodations; 28 state that housing facilities constitute a serious obstacle; 8 have consented to train non-resident students; 5 expressed their willingness to reduce the hours of work; 1500 is the total possible increase of students indicated in these replies.

12. 461 letters to college presidents and deans, 1400 letters to principals of schools or secretaries of boards of education not only furnished the committee with 24,000 names and addresses, but brought many expressions of interest and appreciation and offers of further assistance. Especially gratifying were those from colleges asking what they could do to better prepare their students for nursing.

13. The Committee's direct appeal to 1917 college graduates went to 10,000 young women; 550 replies have been received with requests for further information and showing serious interest in the shorter course in nursing offered to college women. About twenty of the leading training schools have offered to give this special course. Returns are still being received in every mail. A questionnaire, now in circulation, will show how many actually enter this fall. These candidates represent prospective teachers and administrative officers a little more than two years hence.

14. 14,000 letters of similar character with printed circular, have been sent to graduates of high technical and private schools. Insofar as these young women apply for admission, they will automatically displace women of lesser education and culture—a vital matter at all times and of prime importance now because in event of great extremity they could be graduated earlier than could be allowed to women of less ability.

15. These direct appeals are being supported by two serious programs of public education, one in a wide range of magazines, and the other through newspapers in cities

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of the 2d and 3d class and in small towns and rural communities.

16. The Committees are receiving most practical support from the Committee on Co-operation with States and the Women's Committee on Defense Work. The latter has prepared for circulation a letter asking the active co-operation of all its state and local committees in the work of the Committee on Nursing. The former has a similar plan in contemplation.

17. The Committee will give immediate consideration to the question of necessary preparation for nursing in convalescent hospitals; and provision of adequate numbers of mature nurses and other equipment for massage. These two matters seem to be immediately important judging from the experience of France, England and Canada.

SECRETARY WALSH: The Local Committee has requested that the following be read:

As Chairman of the Local Entertainment Committee, I feel I would be remiss in my duty if I did not express as adequately as I could the appreciation of the Local Committee for the coöperation that we have secured.

I wish especially to thank Mr. Kraft and Mrs. Shaw for their kindness; the Local Red Cross organization; the hospital executives of the city, who were instrumental in securing the machines for our ride yesterday; Manager Thompson, of the Hollenden; Captain Rowlands, of the Traffic Department of the city of Cleveland; the management of St. Clair, Huron Road, and St. Luke's Hospitals for their assistance in serving tea, and the non-commercial exhibitors for their coöperation. We are also grateful for the valuable assistance of the Cleveland Convention Board. While the Local Committee has not handled the commercial exhibitors, I do feel that I should express our appreciation of their interest.

I wish to acknowledge receipt of a check for $50 from a commercial concern, which was sent to the Association in lieu of exhibit space this year.

F. E. CHAPMAN,
Chairman.

A MEMBER: The Chairman naturally would not speak of his own hospital in his report. Might not that have some mention—the Mt. Sinai Hospital?

CHAIRMAN ANCKER: We will entertain a vote of thanks on that subject if some one will make a motion to that effect.

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MISS KEITH (Rochester): I make a motion to that effect.

MR. PLINY O. CLARK: Just at this time, Mr. Chairman and friends of the American Hospital Association, we have had the unusual pleasure and distinction of having among our number military officers. They have been before us on the platform, including our most efficient Secretary, Captain Walsh. We have had in our sessions our past President, Major Smith. Major Hornsby was called away by the sickness of his daughter. We have shown them, however inadequately, something of our appreciation. There are others of our number who could not be here. I therefore offer this resolution:

The American Hospital Association in session at its nineteenth annual conference, recognizing the splendid service which its members, now in military service of our country, have rendered this Association, takes this opportunity to renew expressions of appreciation.

It is therefore moved that we instruct the President and the Secretary of this Association to convey by letter to each member individually a personal expression of such appreciation, and the hope that they will find great satisfaction in their present fields of patriotic service.

Among these members we would mention Major F. B. Washburn, M.D., Major M. L. Babcock, M.D., and others who have been unable to be present with us at this session.

DR. H. J. MOSS: The departing President so hastily left the chair that I am afraid we almost have forgotten about him. I wish hereby to move that a vote of thanks be extended to the departing President, Dr. Wilson, for the efficient service he has rendered the Association during the past year.

(Motion seconded and unanimously adopted.)

MR. TEST: I would like to offer an amendment to that motion. I think Dr. Moss would be willing to have it. I would also like to include all the officers. The work that has been done by Dr. Wilson, by Dr. Walsh, by Mr. Bacon, and by the Trustees has been arduous and of great value to this Association, and I would like them all included in this motion if Dr. Moss will accept an amendment.

DR. MOSS: I am very glad to accept it.

(The motion as amended was then adopted.)

THE CHAIRMAN: Is there any new business to come before the Association? If not, we stand adjourned to meet in Washington.

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BUSINESS MEETING

SEPTEMBER 11, 1917, 4.30 P. M.

President Wilson in the chair.

THE CHAIRMAN: The meeting will please come to order. This is an innovation over the old methods of conducting the business of the American Hospital Association. The Trustees believe that if we could get together for our purely business meeting and separate that entirely from our scientific meetings, the results would be better and we would cover the ground of business with greater rapidity and satisfaction. The first business to come before this meeting is the consideration of the report of the Secretary as read before the morning session. Dr. Walsh will read over to you those points in his report on which he believes action should be taken. The first question, and one of the most vital and important to this Association, that ought to be acted upon, I wish that I might say must be acted upon, is the question of incorporation.

DR. A. D. WHITING: In order to bring the matter up for discussion I move you that the Board of Trustees be authorized to take out articles of incorporation.

Motion seconded.

SECRETARY WALSH: May I propose a resolution to Dr. Whiting and ask if he will accept it?

RESOLUTION

WHEREAS, it has been recommended by the Board of Trustees and the Secretary that the American Hospital Association shall be incorporated in the District of Columbia, and

WHEREAS, this act is urgently necessary for the proper conduct of the affairs of the Association, therefore be it:

Resolved, that the Secretary, through the Board of Trustees, shall be directed to arrange for the incorporation of the American Hospital Association as soon after the adjourn-

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ment of the Nineteenth Annual Convention as may be practical.

(The resolution suggested by the Secretary was accepted by Dr. Whiting and the seconder in lieu of the original motion, and was unanimously adopted.)

SECRETARY WALSH: Another subject which requires the action of this body is the adoption of a definite policy.

(*a*) Use of first- and second-year student nurses for private work outside hospitals without supervision.
(*b*) Baby farms under the guise of maternity hospitals.
(*c*) Standard course of training for nurses and obligations of a hospital to the student.
(*d*) Definition of a modern hospital and a workable classification.
(*e*) Functions of various hospital officials and their limitations:
1. Trustees.
2. Superintendents.
3. Medical and surgical staff.
4. Principal of training school.
(*f*) Standard accounting system upon which a basis may be obtained for the comparison of different institutions.

DR. WARNER: I move that the question of dispensary abuse, if there be such a question yet in this country, be referred to the Dispensary Committee of this Association.

MR. TEST, Philadelphia: We ask if that is for a definite report, just referring it to them?

SECRETARY WALSH: I am astounded to think that Dr. Warner is not acquainted with the fact that dispensary abuse is still prevalent; it is a crying evil in a great many cities in the country today, and of course while we are very glad to know that Dr. Warner has so beautifully solved his own problem, it must be understood definitely that this recommendation was not made just for the purpose of making it. There is a distinct problem, dispensary abuse, and I think we ought to put this Association on record in regard to it.

DR. A. R. WARNER: Mr. President, time was when there was a question of dispensary abuse with Cleveland, we have passed beyond that stage; the medical profession in Cleveland is beyond that stage, and therefore I believe that it is a question which can be solved in the various communities, and it is a question that must be solved by the Hospital Association, with due regard to the sociologic questions involved, and I feel that the Dispensary Committee is better qualified to handle the sociologic aspect of this question,

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therefore I move that it be referred to the Dispensary Committee, to be handled as their judgment shall dictate.

THE CHAIRMAN: I want to say that in these meetings, while we propose to run somewhat upon parliamentary law, we are not going to let that interfere at any time with the full expression of whatever anybody wants to say at any time, and we will find a way in parliamentary law to meet it. This question had been disposed of, and Mr. Test brought up the question, Will this Committee of Mr. Davis's ever report? I will just ask the Chairman if he ever intends to make a report.

MR. MICHAEL DAVIS: I should not thoroughly agree with my friend on the left of me in questioning whether there is a subject of dispensary abuse, because while it does not exist in Cleveland on the surface, it does exist in other cities. Yet I know that there are varying points of view that have to be considered, and I think it would be injudicious to pass any resolution here without very careful consideration of the aspect of it. I should regard the subject as a very important one in the view of policy, so that it is extremely necessary that if the matter is referred to this committee, they should accept the obligation and make a report, and it seems to me that it would probably be wise for the committee to report to the Trustees, because I suppose there is no question where the interest of the medical staffs in the hospitals have been more tenderly affected, especially in some cities, than in this question of dispensary abuse. It is sometimes a very sore point, and while I have had occasion to think that those individuals were wrong and that others were right, it is nevertheless an important question in many cities, and speaking myself as a member of the committee, the subject is certainly one which would have to be given consideration and reported upon to the Trustees.

THE CHAIRMAN: Does that answer your question, Mr. Test?

MR. DANIEL D. TEST: Yes, I thought it was well that the committee should make a definite report, and I think it is very well to report to the Trustees.

THE CHAIRMAN: The Secretary has suggested to me that it would be a good idea to appoint a committee on public policy. By that I think he means the policy of this Association, on these other subjects which he read off to us here a moment ago. I will have them read again, if you like.

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DR. HORNSBY: What's the matter with the Trustees?

THE CHAIRMAN: Would you like to make a motion that this whole matter would be referred to the Trustees with power to act?

DR. HORNSBY: I make that motion, that the matter of these various policies or problems, stated in the Secretary's report, be sent back to the Board of Trustees, giving them power to act.

(Motion seconded.)

MR. BORDEN: I rise to a point of order; there is a motion before the house.

THE CHAIRMAN: That has all been settled.

MR. BORDEN: My principal objection is not on a point of order, but it seems to me that if this matter was going to the Trustees, we have already pursued a very admirable course in referring this matter to the committee to report to the Trustees.

THE CHAIRMAN: Suppose we read over these others and find out whether or not, in discussing this question, Mr. Borden would like to say this had better be sent to other committees before the Trustees act on it.

(The Secretary reads extracts from his report.)

MR. BORDEN: Have we a standing Committee on Training for Nurses?

THE CHAIRMAN: I think that committee was discharged last year.

DR. C. E. SAWYER, Marion, O.: It strikes me that this is a very important matter we are discussing at this particular time and that the suggestions of the Secretary are very appropriate. It seems to me that a wise course of procedure here would be to have a committee appointed, as has been indicated by the Secretary, to take up these various questions, bring such information as they obtain to the Board of Trustees, and then allow the Board of Trustees to determine the course. Without some definite purpose we are never going to get anywhere, but it is really going to require some very active emissaries in the various fields throughout the countries to get all the information essential for the perfect and careful digestion of the Board of Trustees, so I would be glad to make the motion that these various matters be given to a special committee for investigation to be reported to the Board of Trustees and acted upon.

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THE CHAIRMAN: There is a motion before the house now.

A MEMBER: I would like to embody that suggestion in an amendment to the motion that this matter be referred to a special committee under each head—the committee suggested by the Secretary. Do you get my motion?

THE CHAIRMAN: To a special committee?

A MEMBER: To a special committee to consider each separate head mentioned by the Secretary and report back to the Trustees.

(Motion seconded.)

DR. J. A. HORNSBY: We have now a Board of Trustees. We bawled our heads off for a Board of Trustees for years to take the responsibility of doing just exactly these things. Now, then, at our first meeting after which our Board of Trustees is created, we want to take the whole business back again to first principles—Why do that? The Board of Trustees can call on Mr. Davis' committee for information that they have, can call on another committee for information it has, and so on down the line, and it seems to me that that Board is in better position and will come nearer to meeting with the demands of the members of the Association to assume the responsibility for these things than to farm each problem out to a committee here and a committee there that are gone today and here tomorrow. The Board of Trustees is like the brook that runs on forever. It seems to me we are getting back to our old discarded methods.

A MEMBER: I think Major Hornsby is absolutely right, and with the consent of the second, I will withdraw my motion.

SECRETARY WALSH: I know that the Trustees are perfectly capable of dealing with all these questions, but I think there is a little hesitancy on the part of the Trustees to determine a definite policy for an organization that has never had one until they have had an expression of opinion from the members. If it is the desire of the members that these matters be decided by the Trustees, the Trustees are fully capable of doing it and will be very glad to assume the responsibility, I am sure.

THE CHAIRMAN: If the second to the amendment acquiesces——

DR. HORNSBY: I will withdraw my second. The only ground on which I made it was that I thought there was

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some of those committees he was speaking of that the Trustees would get their information from.

THE CHAIRMAN: Then the question as it now stands is on the original motion that the whole matter be referred to the Trustees with power to act.

MR. BORDEN: We may appoint committees and can request those committees to investigate and report.

DR. HORNSBY: Then we can utilize your summary of their work?

MR. BORDEN: Yes, sir.

DR. G. W. SINCLAIR, Winnipeg: I think that the idea of the Board of Trustees formulating a definite policy is a correct one, as they can call on these committees to help formulate a definite policy for the association, but, as somebody has remarked, what would be appropriate in one locality might not be in another, so I would suggest that after the policy is adopted, printed copies be sent to the active members of the association throughout the country to get their views, and then they would come here next year prepared to debate the question intelligently. I second Dr. Hornsby's motion.

MR. TOM: This is my first meeting here. I was wondering what this organization has been doing for eighteen years if they have been working with committees this way. I am sure if this organization does nothing more than to see that the nursing problem is properly adjusted, classified, and carried out, it will have done a wonderful thing—stop this absolutely miserable practice of private sanatoria taking inexperienced women two or three years, giving them barely food and clothing, and turning them out on the public as experienced nurses. In New York State there is no registration of nurses beyond a certain class. Any one can claim to be a nurse and go out and the public is wholly unprotected, and I believe in going by the shortest means in formulating some definite policy for this organization, and Dr. Hornsby is right in the motion he has made:

THE CHAIRMAN: The question is that this whole matter be referred to the Trustees with power to act.

(Motion adopted.)

SECRETARY WALSH: The suggested changes were submitted to the Chairman of the Committee on Constitution and By-laws, and I do not know whether that Committee

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is ready to report now, but at any rate I will finish my report and that can be taken up later. All the rest of this report has reference to the constitution and by-laws and therefore cannot be acted upon until reported by the committee acquainted with that subject, so that ends the Secretary's report so far as the Business Meeting is concerned, unless some one else has something to say about other matters in the report.

THE CHAIRMAN: Has any other member any suggestion or motion or resolution to offer relative to the Secretary's report? If not, we will pass on to the next order of business, which is the report of the Membership Committee. I think the Secretary is the Chairman of the Membership Committee.

SECRETARY WALSH: The membership report was included in the report of the Secretary; as the Secretary is Chairman of the Membership Committee, he included the statistics of membership in that report; they will be repeated if necessary.

THE CHAIRMAN: That report was read before the entire Association this morning. If there is no objection, we will pass on to the next order of business, which is the report of the Publication Committee.

SECRETARY WALSH: The Secretary was also appointed Chairman of the Publication Committee. The Transactions are published by the Secretary, and as all the memberships are also received and attended to by the Secretary, it was thought wise by the President to also make him Chairman of that Committee, so that I have attended to both matters. Regarding the publication of the Transactions, I can only say that the book speaks for itself. You have all received it and know just how it was gotten up this year and how it compares with former publications, and the financial side of it will be included in the Treasurer's report.

THE CHAIRMAN: Is there any other business to be brought before this meeting? The Secretary reminds me that I passed over the most important matter to be brought to your attention, and that is the report of the Trustees.

MR. BORDEN: This report was read this morning and I do not know how much consideration everybody has had opportunity to give to it. It seems to me that the only thing would be to say that a rough copy of this report will be on file at the Secretary's office, and if anybody has any sugges-

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tion to make on this subject, at the business meeting will be the proper time to do it.

THE CHAIRMAN: You have heard the suggestion of Mr. Borden that a rough draft of the report will be on file at the office of the Secretary, where it can be seen by any one interested, and then the whole matter will be brought up at a later business meeting. Is there any other matter to be brought before this meeting?

MR. TEST: You have passed away from the question of publication, and I would like to have the privilege of speaking now, if I may.

THE CHAIRMAN: We will be glad to have you do so.

MR. TEST: I am from Philadelphia, which is sometimes accused of being a little slow. In the matter of publication, the question brought before us this afternoon suggested a thought I have frequently had before. I don't know whether it is practical or not, but I want to speak about it. I think that the education of our Trustees is perhaps one of the most important things before this Association. I believe if you will think that over carefully you will realize what it means and not take exception to it. The superintendents come to this meeting and we get inspiration and information, and we sometimes have a good deal of difficulty in getting that information before our Trustees. Now usually each year one or two or three papers that are read contain very vital matters that ought to be brought before the individual Trustee, and I have wondered whether the trustees of this Association—when I spoke of Trustees, I did not mean Mr. Borden and the Trustees of this Association, I meant the trustees of the various hospitals—whether the trustees should not select certain things that are very pertinent and have briefings made of these articles or the discussion, and have them edited in a way to present to our trustees and send them out so that a superintendent can hand such a reprint to each member of his Board of Trustees? You may say that that comes in the Transactions, and so it does, but if you give a man a great big book, it staggers him, but if you give him a little leaflet, he will read it, and I think that various hospitals would be willing to pay the expense of these reprints by paying a small sum for some very important subjects. Now I think this question today of publicity is a very important thing, this thing of raising money, and the trustees of some of our hospitals are very conservative and particularly some of the older hospitals. I have been connected for a number of years

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with one of the oldest hospitals in the country. I think it is true, probably, that the managers and trustees of the older institutions are more conservative than the newer ones, and I would like to be able to put before my trustees some of the very important matters that come before this Association in a better way than I can get up and talk it to them or than I can give one book to twelve men, because they won't read it. Perhaps my suggestion is not worth anything; if it is, it is free.

DR. JOHN A. HORNSBY, Chicago, Ill.: I think Mr. Test's suggestion is a god-send to Secretary Walsh, because for a year Secretary Walsh has been trying to figure out something that the Modern Hospital would not do for the Association and he has not found anything that the Modern Hospital was not more than glad to do. Now Mr. Test has given him something else, and if Secretary Walsh can ask the Modern Hospital to do that, it will be done.

MR. DANIEL D. TEST: I forgot one thing I wanted to say when I was on my feet, and that is to commend the letter which the President and Secretary sent out to the Boards of Managers; and in this membership business, if I may just take a moment of your time, in Philadelphia we started a local Association and got about one-third of the superintendents. Why they were not interested I do not know, but when we sent letters to the presidents of the Board of Trustees, we found that not only the trustees became interested, but we found that their superintendents were interested. I am personally indebted to the President and Secretary for saving about $60. I have always paid my expenses heretofore to the convention—I never felt like doing it—but when that letter came, the President and Board of Managers came to me and said they wanted me to come at the hospital's expense. I am very much obliged.

SECRETARY WALSH: I had quite lost my nerve regarding the Modern Hospital. I have made the most unusual demands upon that publication. Not satisfied with one thing, I asked for a little more, until finally Dr. Hornsby stopped answering my letters absolutely, but I found he had complied with every request, and now that he has made this statement, I certainly shall make him pay for it.

DR. ALDERSON, Dubuque: I move a vote of thanks to Dr. Hornsby.

DR. HORNSBY: Forget it.

The motion was seconded and unanimously adopted.

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THE CHAIRMAN: The vote of thanks will be duly engrossed and passed over by the Secretary, and I wish to say that the President adds his feeble assurance of his appreciation of everything you have done, Major. Is there anything further to come before the Association in any form of business? Any new business? Any unfinished business? Any business? The appointment of the Committee on Time and Place has already been made. I will repeat it because it appears on the program: Dr. Collins, of City Hospital, Minneapolis; Dr. Fowler, of City Hospital, Louisville, Ky.; Dr. Sexton, of Hartford Hospital, Hartford, Conn. If there is nothing further to be brought before the Association today, the meeting stands adjourned until tomorrow morning at 9 o'clock.

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PREVIOUS CONVENTIONS

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PREVIOUS CONVENTIONS

1. September 12–13, 1899 JAS. S. KNOWLES, *Chairman* Lakeside Hosp., Cleveland, O.	*Vice-Chairman* HARRY W. CLARK Supt. Univ. Hosp., Ann Arbor, Mich.	*Secretary* C. S. HOWELL Western Penna. Hosp., Pittsburg, Pa.	*Treasurer* A. W. SHAW Harper Hosp., Detroit, Mich.
2. Pittsburg, Pa., August 21–23, 1900 JAS. S. KNOWLES, *Chairman* Lakeside Hosp., Cleveland, O.	*Vice-Chairman* HARRY W. CLARK Ann Arbor, Mich.	*Secretary* C. S. HOWELL Pittsburg, Pa.	*Treasurer* A. W. SHAW Detroit, Mich.
3. New York City, September 10–12, 1901 CHAS. S. HOWELL, *Chairman* Pittsburg, Pa.	*Vice-Chairman* F. E. BACKER, M.D., Newark, N. J.	*Secretary* JAS. S. KNOWLES Cleveland, O.	*Treasurer* A. W. SHAW Detroit, Mich.
4. Philadelphia, Pa., October 14–16, 1902 DR. J. T. DURYEA, *Chairman* Kings Co. Hosp., Brooklyn, N. Y.	*Vice-Chairman* DR. CHAS. O'REILLY Toronto Gen. Hosp., Toronto, Can.	*Secretary* D. D. TEST Univ. Hosp., Philadelphia, Pa.	*Treasurer* A. W. SHAW Detroit, Mich.
5. Cincinnati, O., October 20–22, 1903 JOHN FEHRENBATCH, *President* Cincinnati, O.	*Vice-President* CHAS. O'REILLY, M.D. Toronto, Can.	*Secretary* DANIEL D. TEST Philadelphia, Pa.	*Treasurer* A. W. SHAW Detroit, Mich.
6. Atlantic City, N. J., September 21–23, 1904 DANIEL D. TEST, *President* Pennsylvania Hosp., Philadelphia, Pa.	*Vice-Presidents* 1. DR. CHAS. O'REILLY Toronto, Can. 2. DR. JOHN M. PETERS Providence, R. I. 3. GEO. W. SAWYER Chicago, Ill.	*Secretary* MRS. A. M. LAWSON Gen. Mem. Hosp., New York City	*Treasurer* DR. A. B. ANCKER City and Co. Hosp., St. Paul, Minn.
7. Boston, Mass., September 26–29, 1905 GEO. H. M. ROWE, M.D., *President* City Hosp., Boston, Mass.	*Vice-Presidents* 1. DR. CHAS. O'REILLY Toronto, Can. 2. DR. GEO. E. RICKER Minneapolis, Minn. 3. JAS. R. CODDINGTON New Haven, Conn.	*Secretary* MRS. A. M. LAWSON New York City	*Treasurer* REUBEN O'BRIEN Gen. Hosp., Paterson, N. J.

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8. Buffalo, N. Y., September 18–21, 1906 Geo. P. Ludlam, *President* New York Hosp., New York City	*Vice-Presidents* 1. Dr. Renwick Ross Buffalo, N. Y. 2. Rev. Geo. C. Hunting Salt Lake City, U. 3. Miss M. L. Keith Rochester, N. Y.	*Secretary* George Bailey, Jr. Jefferson Med. Col. Hosp., Philadelphia, Pa.	*Treasurer* Reuben O'Brien Gen. Hosp., Paterson, N. J.
9. Chicago, Ill., September 17–20, 1907 Dr. Renwick R. Ross, *President* Buffalo Gen. Hosp., Buffalo, N. Y.	*Vice-Presidents* 1. Louis B. Curtis Chicago, Ill. 2. W. W. Kenney Halifax, N. S. 3. Dr. Alice M. Seabrooke Philadelphia, Pa.	*Secretary* Geo. Bailey, Jr. Philadelphia, Pa.	*Treasurer* Asa S. Bacon Presbyterian Hosp., Chicago, Ill.
10. Toronto, Can., September 29–October 2, 1908 S. S. Goldwater, M.D. *President* Mt. Sinai Hosp., New York City	*Vice-Presidents* 1. J. Ross Robertson Toronto, Can. 2. John M. Peters, M.D. Providence, R. I. 3. Rachel A. Metcalfe Lewiston, Me.	*Secretary* W. L. Babcock, M.D. Grace Hosp., Detroit, Mich.	*Treasurer* Asa S. Bacon Chicago, Ill.
11. Washington, D. C. Dr. John M. Peters, *President* Rhode Is. Hosp., Providence, R. I.	*Vice-Presidents* 1. Dr. A. B. Ancker St. Paul, Minn. 2. Dr. J. N. E. Brown Toronto, Can. 3. Miss Emma A. Anderson Boston, Mass.	*Secretary* W. L. Babcock, M.D. Grace Hosp., Detroit, Mich.	*Treasurer* Asa S. Bacon Chicago, Ill.
12. St. Louis, Mo., September 20–23, 1910 H. B. Howard, M.D., *President* Peter Bent Brigham Hosp., Boston, Mass.	*Vice-Presidents* 1. J. N. E. Brown, M.B. Toronto, Can. 2. Miss Mary L. Keith Rochester, N. Y. 3. Wayne Smith, M.D. St. Louis, Mo.	*Secretary* W. L. Babcock, M.D. Grace Hosp., Detroit, Mich.	*Treasurer* Asa S. Bacon Chicago, Ill.
13. New York City, September 19–22, 1911 W. L. Babcock, M.D., *President* Grace Hosp., Detroit, Mich.	*Vice-Presidents* F. A. Washburn, M.D. Boston, Mass. Miss Mary L. Keith Rochester, N. Y. Frederick Brush, M.D. New York City	*Secretary* J. N. E. Brown, M.B. Toronto, Can.	*Treasurer* Asa S. Bacon, Esq. Chicago, Ill.

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Previous Conventions—(*Continued*)

14. Detroit, Mich., September 24–27, 1912 Henry M. Hurd, M.D., *President* Johns Hopkins Hosp., Baltimore, Md.	*Vice-Presidents* A. J. Ranney, M.D. Cleveland, O. J. L. Hudson, Esq. Detroit, Mich. Miss Nancy P. Ellicott New York City	*Secretary* J. N. E. Brown, M.B. Gen. Hosp., Detroit, Mich.	*Treasurer* Asa S. Bacon, Esq. Chicago, Ill.
15. Boston, Mass., August 26–29, 1913 Dr. Fred. A. Washburn, *President* Mass. Gen. Hosp., Boston, Mass.	*Vice-Presidents* Dr. W. P. Morrill Winnipeg, Man. Miss Mabel Morrison Toledo, O.	*Secretary* Dr. J. N. E. Brown Gen. Hosp., Detroit, Mich.	*Treasurer* Asa S. Bacon, Esq. Chicago, Ill.
16. St. Paul, Minn., August 25–28, 1914 Dr. Thos. Howell, *President* N. Y. Hosp., New York	*Vice-Presidents* Mr. H. E. Webster Montreal, Que. Miss Mary A. Baker Jacksonville, Fla. Miss Marg. Rogers St. Louis, Mo.	*Secretary* Dr. H. A. Boyce Kingston Gen. Hosp., Kingston, Ont.	*Treasurer* Asa S. Bacon, Esq. Chicago, Ill.
17. San Francisco, Cal., June 22–25, 1915 Dr. Wm. O. Mann, *President* Mass. Homeo. Hosp., Boston, Mass.	*Vice-Presidents* Dr. A. B. Ancker St. Paul, Minn. Mr. Wallace W. Kenney Halifax, N. S. Miss Ida M. Barrett Grand Rapids, Mich.	*Secretary* Dr. H. A. Boyce Kingston, Ont.	*Treasurer* Asa S. Bacon, Esq. Chicago, Ill.
18. Philadelphia, Pa., September 26–30, 1916 Winford H. Smith, M.D., *President* Johns Hopkins Hosp., Baltimore, Md.	*Vice-Presidents* C. D. Wilkins, M.D. New Orleans, La. Miss N. B. Jordan Aurora, Ill. A. R. Warner, M.D. Cleveland, O.	*Secretary* Miss Lydia H. Keller Minneapolis, Minn.	*Treasurer* Asa S. Bacon, Esq. Chicago, Ill.
19. Cleveland, O., September 10–15, 1917 Dr. Robert J. Wilson, *President* Willard Parker Hosp., New York City	*Vice-Presidents* A. R. Warner, M.D. Cleveland, O. D. L. Richardson, M.D. Providence, R. I. Georgia M. Nevins Washington, D. C.	*Secretary* Wm. H. Walsh, M.D. Philadelphia, Pa.	*Treasurer* Asa S. Bacon, Esq. Chicago, Ill.
20. Atlantic City, N. J., September, 1918 A. B. Ancker, M.D., *President* City and County Hosp., St. Paul, Minn.	*Vice-Presidents* Dr. A. R. Warner Lakeside Hospital Cleveland, O. Mr. E. S. Gilmore Wesley Memorial Hospital Chicago, Ill. Miss Grace Fairley Alexandra Hospital Montreal, Can.	*Secretary* Wm. H. Walsh, M.D. 728 Seventeenth St., N.W. Washington, D. C.	*Treasurer* Asa S. Bacon, Esq. Presbyterian Hospital Chicago, Ill.

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CONSTITUTION AND BY-LAWS

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CONSTITUTION

ARTICLE I

NAME

The name of this Association shall be "The American Hospital Association."

ARTICLE II

OBJECT

The object of this Association shall be, to promote the welfare of the people so far as it may be done by the institution, care and management of hospitals and dispensaries with efficiency and economy, to aid in procuring the coöperation of all organizations with aims and objects similar to those of this Association; and in general, to do all things which may best promote hospital efficiency.

ARTICLE III

MEMBERSHIP

SECTION 1. The membership of this Association shall be active, associate and honorary. The active and associate members may become life members in their respective classes, upon the payment of $50 for active and $25 for associate membership.

SECTION 2. Active members shall be those who at the time of their election are trustees or superintendents, or assistant superintendents, of hospitals, or members of the medical staffs of hospitals, however such officials may be designated. Any person once an active member may continue such membership so long as the rules of the Association are conformed with.

SECTION 3. Associate members shall, at the time of their election, be heads of any executive, administrative or educational department of a hospital, other than as designated in Section 2, or contributors to, or members of, any association or board, the object of which is the foundation, maintenance or improvement of hospitals or the promotion of organized charities for the improvement of health. Associate members may hold office, but shall not have the right to vote at meetings of the Association.

SECTION 4. Applications for active or associate membership shall be in writing, addressed to the Secretary, and shall be endorsed by one or more members of the Association. They shall be referred to the Committee on Membership; and the applicant shall become a member upon receiving the approval of a majority of said Committee, and upon payment of an initiation fee of five dollars for active and two dollars for associate membership, which shall cover the dues payable at the next convention of the Association after election.

Upon attaining any of the offices designated in Section 2 an associate member may become an active member by the payment of three dollars.

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SECTION 5. Honorary membership may be suggested at any session of the Association by any member for any person who, by reason of public or private service, or for any other reason, should be entitled to such recognition; and such person may be elected an honorary member by a majority vote of those present at any subsequent session of the Association.

SECTION 6. Honorary members shall have all the privileges of active members, except voting at meetings of the Association. They shall be exempt from the payment of dues.

ARTICLE IV

OFFICERS

SECTION 1. The officers of the Association shall be a President, three Vice-Presidents, a Secretary, a Treasurer, and a Board of Trustees as hereinbefore provided.

The Secretary shall serve as Secretary of the Board of Trustees.

SECTION 2. The above officers, other than the Board of Trustees, shall be elected at each convention, shall assume their duties at the close of the convention, and shall serve until the close of the convention next succeeding, or until their successors are regularly elected and installed.

ARTICLE V

TRUSTEES

There shall be a Board of five Trustees, which shall have charge of the property and financial affairs of the Association and shall hold title thereto under the name of "Trustees of the American Hospital Association." The President and Treasurer shall constitute two of said Trustees, and one Trustee shall be elected annually, at the convention, to serve for three years, excepting that in 1916 one of said Trustees shall be elected for one year, one for two years, and one for three years. Trustees shall serve until their successors are elected.

The Board of Trustees shall, always subject to the vote of the Association, have general control and management of the business of the Association and may appoint and fix the salaries of such officers and agents as it may deem necessary or expedient and establish rules and rates for the use of such facilities as it may in its judgment provide. They shall make an annual report to this Association.

ARTICLE VI

SECTIONS

In order to facilitate the work of the Association, sections may be formed and discontinued from time to time, as the Trustees may by vote determine. Such sections may be geographic, in order that recognized meetings of the Association may be held in various parts in places not easily accessible to all members, or may be departmental in their nature and devoted to any recognized branch of hospital work. Proceedings at any authorized section of the Association approved by the Board of Trustees may become a part of the proceedings of the Association, and any resolution adopted by a geographic section shall be recognized as a motion duly made and seconded at any general session of the Association, and vote of the general Association shall be taken thereon.

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ARTICLE VII

ANNUAL DUES

In order to provide funds for the maintenance of the Association, members shall pay annual dues as may be determined by the By-Laws.

ARTICLE VIII

VACANCIES

All vacancies in office and in the Board of Trustees shall be filled by vote of the Board of Trustees.

ARTICLE IX

AMENDMENTS

The Constitution and By-Laws may be amended by vote of not less than two-thirds of the members present and voting at a recognized general session of the Association; provided, however, that proposed amendments shall be submitted in writing at a recognized, general session, and shall not be acted upon at the session at which they are proposed, but may be at any subsequent session.

BY-LAWS

ARTICLE I

MEETINGS

SECTION 1. There shall be an annual meeting or convention of the Association, held at a time and place fixed by vote of the Association, or, if not so determined, by the Board of Trustees. The Committee on Local Arrangements shall, in conjunction with the President and the Secretary, arrange programs for the convention.

SECTION 2. Special meetings may be called by the President, or, in his absence, by a Vice-President, upon the written petition of not fewer than ten (10) members. This petition shall recite the object of the meeting. The President, through the Secretary, shall give notice of not less than sixty (60) days before the proposed time of such special meeting to each member of the Association, which notice shall also recite the object of the meeting.

SECTION 3. A quorum of the Association shall consist of not fewer than thirty (30) active members.

SECTION 4. Meetings of sections shall be held in accordance with the rules established by the enrolled members of the section hereinafter provided; provided, however, that such meetings shall not interfere with any general session of the Association.

ARTICLE II

ELECTIONS

SECTION 1. All officers shall be elected by ballot, excepting where it is otherwise ordered.

SECTION 2. A majority of the votes cast shall constitute an election.

SECTION 3. Only active members shall be entitled to vote.

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ARTICLE III

DUTIES OF OFFICERS

SECTION 1. The President shall preside at all meetings of the Association. He shall appoint all committees, unless, by vote of the Association, other provisions shall be made. He shall be, *ex officio*, a member of all standing and special committees.

SECTION 2. The Vice-President shall, in the order of their rank, in the absence of the President, perform his duties.

SECTION 3. The Secretary shall keep the minutes of the meetings and the records of the Association in a book provided for these purposes. The Secretary shall furnish to the Committee on Publication, within ten days after the adjournment of the regular convention, a correct copy of the minutes thereof for publication in the "Proceedings."

SECTION 4. The Secretary shall conduct the correspondence of the Association, and shall keep on file all letters and all correspondence, together with all the replies thereto, and perform such other duties that may be required of him by the Trustees.

SECTION 5. The Treasurer shall receive all dues and other moneys of the Association, and shall deposit and account for same, under the direction and control of the Board of Trustees. He shall give to said Board such bond as it shall determine for the faithful performance of his trust. Such bond shall be in the custody of the President. All disbursements and expenditures shall be made under the direction of the Board of Trustees and subject to its rules and requirements. The Treasurer shall keep proper books of account, and shall present a report of the finances of the Association at the annual convention.

ARTICLE IV

COMMITTEES

SECTION 1. The President shall, immediately after his election, appoint a Committee on Local Arrangements to consist of the President *ex officio* and not less than four additional members, and the following standing committees of three members each: namely, a Committee on Constitution and Rules, a Committee on Nomination of Officers, a Committee on Development of the Association, a Legislative Committee, and a Publication Committee, composed only of active members.

SECTION 2. The Committee on Nomination shall nominate to the convention the names of candidates for President, three Vice-Presidents, Secretary, Treasurer, and Trustee. The action of this Committee is at all times subject to the approval of the convention.

SECTION 3. The Membership Committee shall receive, consider and act upon candidates proposed for membership, and shall report results to the convention.

SECTION 4. The Committee on Constitution and Rules shall consider and report on all proposed amendments in the Constitution and By-Laws and all Rules of Order.

SECTION 5. The President shall have power to appoint such special Committees as may be deemed desirable.

There shall be a Standing Committee on Out-Patient Work, to consist of three members appointed by the President. The terms of office at the first appointment shall be so adjusted that one member shall go

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out of office annually. This Committee shall undertake such study or activity as may advance progress of out-patient service and shall report to the Association.

SECTION 6. The Committee on the Development of the Association, shall present annually a report on the further development of the Association's work.

SECTION 7. The Committee on Publication shall receive the minutes of the Secretary concerning all transactions of the Association or its sections, and all papers read at any session thereof; and authorize or forbid the publication of all or any part of such minutes or papers as a part of the proceedings of the Association in the report of the Association or in any paper or magazine approved by the Committee.

SECTION 8. The Legislative Committee shall so far as possible inform itself concerning all legislative procedure affecting the Association or the interests which it represents and communicate the same to the Association by an annual report or by such other means as the Trustees may approve.

ARTICLE V

DUES

SECTION 1. Dues of active members shall be $5 and of associate members $2 for each calendar year. Life members are exempt from the payment of annual dues. Dues shall be payable on or before the first day of March in each year at the office of the Secretary.

SECTION 2. If said dues are not paid on or before the closing of the annual convention for the current year, the Secretary shall notify the members in arrears, enclosing a copy of this Section; and if said dues are not paid on or before the succeeding first day of January the delinquent member shall be suspended and thereafter shall not be entitled to receive notices, or copies of the transactions, or to participate in meetings until all arrears are paid in full.

SECTION 3. At any time within three years after the date when dues are first required to be paid a member who has been suspended shall be reinstated upon the payment of the amount due at the time of suspension. Otherwise membership in the Association shall be terminated.

ARTICLE VI

PUBLICATION OF PROCEEDINGS

SECTION 1. The Secretary shall furnish the minutes and proceedings of the regular meetings for publication as soon thereafter as practicable.

SECTION 2. The Secretary shall furnish to each member, except as provided in Article V, Section 2, a copy of this publication.

SECTION 3. The Secretary shall, upon certification of the Treasurer, pay all bills for the printing and publication of the proceedings of the regular conventions.

SECTION 4. No paper shall be published in the minutes or in any magazine or paper as a part of the transactions of this Association except with the approval of the Publication Committee. All papers read at any session of the Association or its sections shall become the property of the Association and, when so requested by the Committee on Publication, the Board of Trustees shall cause the same to be copyrighted in

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the name of the Trustees; but, unless prohibited by the Committee on Publication, the authors of all papers read at sessions of the Association or its sections may cause the same to be published, and, if approved by the Committee on Publication, they may be published as a part of the transactions of the Association. No paper or magazine shall be entitled to the exclusive publication of any paper read before the Association or its sections except by vote of the Trustees.

ARTICLE VII

SECTIONS

Whenever a section is established by the Trustees as provided in the constitution, the President shall appoint a chairman and secretary thereof; and thereupon any member of the Association may become a member of such section by enrollment therein. When ten (10) or more members have so enrolled, the chairman shall call a meeting of such members, and they may thereupon make proper rules and by-laws for the guidance of such section, subject to the approval of the Trustees; and such rules may provide for the method for holding meetings, election of officers, and other matters necessary or important for the proper conduct of the section. The chairman and secretary appointed by the President shall act until their successors are chosen by the members of the section in accordance with the by-laws established by such section.

ARTICLE VIII

GUESTS

Members of the Association may have the privilege of inviting guests to the meetings, under such rules and regulations as the Trustees may from time to time provide. Guests thus introduced shall be permitted to participate in discussions.

ARTICLE IX

DISCIPLINE

SECTION 1. All charges of violation and infraction of rules or unbecoming conduct shall be referred to a special investigating committee of five appointed by the President.

SECTION 2. Due notice of the charges shall be given to the alleged offender, in writing, by the Secretary of the Association.

SECTION 3. The Association shall have the right and authority to reprimand, suspend, and expel any member guilty of violation of any of the provisions of the constitution or by-laws of the Association, after a full and fair investigation shall have been made.

SECTION 4. A four-fifths vote shall be necessary to sustain the action of such Committee.

ARTICLE X

AMENDMENTS

These by-laws may be amended as provided by Article IX of the constitution.

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MEMBERSHIP

Alabama

Du Bose, Dr. F. G. ..... Supt., Vaughn Mem. Hospital, Selma
Hansen, Miss C. M. ..... University Street Hospital, Selma
Hubbard, Miss Eleanor ..... 1127 S. 12th Street, Birmingham
MacLean, Miss Helen ..... Supt., McAdory's Private Hospital, Birmingham

Alaska

Davis, Miss Nettie Scott ..... Director, Iditarod Hospital, Iditarod
Watfield, John A. ..... Sergt., 1st Class, Fort Wm. H. Seward

Arizona

Dahy, Miss Genevieve M. .... Ray Consolidated Hospital, Ray

Arkansas

Tye, Miss Menia S. ..... Supt., Sparks Memorial Hosp., Fort Smith

British Columbia

Darby, Dr. Geo. E. ..... Bella Bella-Rivers Inlet Hosp., Bella Bella
McEachern, Dr. Malcolm T. .. Supt., Vancouver General Hospital, Vancouver
McKay, Dr. James Gordon ... Acting Supt., Provincial Hospital for Insane, Essondale
MacKenzie, Miss Jessie ..... Supt., Provincial Royal Jubilee Hosp., Victoria
Wrinch, Dr. Horace E. ..... Supt., Hazelton Hospital, Hazelton

California

Ainsworth, Dr. F. K. ..... Southern Pacific R. R. Hospital, San Francisco
Anderson, Dr. Winslow ..... St. Winifred's Hospital, San Francisco
Armstrong, C. ..... Supt., Methodist Hospital, Los Angeles
Arps, E. G. ..... Supt., German Hospital, San Francisco
Brown, Dr. Robert ..... Fairmount Hospital, San Francisco
Cohen, Miss Bertha ..... Supt., Mt. Zion Hospital, San Francisco
Diggins, Dr. Edward A. ..... Los Medanos Hospital, Antioch
Dorr, Dr. William R. ..... Supt., St. Luke's Hospital, San Francisco
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Levy, Lewis ..... Supt., Mt. Zion Hospital, San Francisco
McClelland, Dr. J. H. ..... Med. Supt., Mt. Zion Hospital, San Francisco
Moffitt, J. K. ..... First National Bank, San Francisco
Musgrave, Dr. W. E. ..... Children's Hospital, San Francisco
O'Connor, John ..... Supt., St. Francis Hospital, San Francisco
Olmsted, Dr. Theo. ..... Supt., Samuel Merritt Hospital, Oakland
O'Neill, Dr. Arthur A. ..... Supt., Isolation Hospital, San Francisco
Scurlock, Wm. D. ..... 3700 California St., San Francisco
Shatto, Miss Katherine ..... Supt., County Hospital, Los Angeles
Somers, Dr. Geo. B. ..... Supt., Lane Hospital, San Francisco
Summeragill, Dr. H. T. ..... Supt., University of California Hospital, San Francisco
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Wollenberg, C. M. ..... Supt., City and County Relief Home, San Francisco

Canada

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Boskill, Miss Claudia ..... Supt. Nurses, Kingston General Hospital, Kingston, Ont.
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Fairley, Miss Grace M. ..... Supt., Alexandra Hospital, Montreal
Fisher, Dr. Alexander ..... Calgary Hospital Board, Calgary, Alta.

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Canada—(Continued)

Flavelle, Sir J. W. ..... Trustee, Toronto General Hospital, Toronto, Ont.
Fyshe, Dr. James C. ..... Supt., Edmonton Hospital Board, Edmonton, Alta.
Gartshore, W. M. ..... Trustee, Victoria Hospital, London, Ont.
Giffen, Miss Elizabeth ..... Supt., Wellesley Hospital, Toronto, Ont.
Gray, Miss Mabel F. ..... Supt. Nurses, Winnipeg General Hospital, Winnipeg, Man.
Greene, Miss Elizabeth Ross .. Supt., Lachine General Hospital, Lachine, Que.
Haywood, Major A. K. ..... Supt., General Hospital, Montreal
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Leonard, David Harold ..... Manager, Royal Alexander Hosp., Edmonton, Alta.
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Robertson, Dr. Donald N. .... Supt., Carleton General Protestant Hosp., Ottawa, Ont.
Rodgers, Miss Mina ..... Supt., Berlin and Waterloo Hosp., Kitchener
Rorke, Miss Ada M. ..... The Iona Apartments, Ottawa, Ont.
Rowland, Henry A. ..... Toronto Riverdale Isolation, Toronto, Ont.
Sanderson, Miss S. A. ..... Asst. Supt., Nicholls' Hospital, Peterboro, Ont.
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Smith, Miss Nina A. ..... Bedford, P. Q.
Stoker, George ..... Sec'y, Winnipeg Municipal Hospitals, Winnipeg, Man.
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Van Norman, Dr. K. H. ..... 282 Carlton St., Toronto
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Canal Zone

Parrott, Jos. N. ..... Palo Seco Leper Asylum

Cuba

Hibbard, Miss Eugenia ..... Departmenta de Beneficiencia, Havana

Colorado

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Cushman, Mrs. Oca ..... Supt., Children's Hospital, Denver
Holden, Dr. G. ..... Supt., Agnes Memorial Hospital, Denver
Lamborn, H. ..... Supt., Park Ave. Hospital, Denver
Reed, Dr. W. W. ..... University of Colorado Hospital, Boulder
Simon, Dr. S. ..... National Jewish Hospital for Consumptives, Denver

Connecticut

Allyn, Miss Harriet J. ..... Supt., Griffin Hospital, Darby
Bassett, Mrs. Jennie L. ..... Supt., New Britain General Hospital, New Britain
Buehr, Miss Pauline J. ..... Asst. Supt., Greenwich General Hospital, Greenwich
Comfort, Dr. Chas. W. ..... Supt., New Haven Dispensary, New Haven
Cox, Dr. Simon F. ..... Supt., New Haven Hospital, New Haven
Cummings, Miss M. L. ..... Supt., Charter Oak Private Hospital, Hartford
Des Jardin, Miss Claire A. .... Asst. Supt., New Britain General Hospital, New Britain
Dodge, Miss Hannah E. ..... Supt., Greenwich General Hospital, Greenwich
Dowd, Miss Kathleen A. ..... Supt. Nurses, Wm. N. Backus Hospital, Norwich
Fletcher, Miss Mabel ..... Hudson City Hospital, New Haven
Geraghty, Miss E. M. ..... Dietitian, Grace Hospital, New Haven
Hart, Geo. P. ..... Trustee, New Britain General Hospital, New Britain
Haviland, C. Floyd ..... Supt., Connecticut Hospital for Insane, Middletown
Hunter, Miss Jean Allison .... Grace Hospital, New Haven
Hutchins, F. L. ..... Supt., W. W. Backus Hospital, Norwich

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Connecticut—(Continued)

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Love, Miss May L.....Supt., Litchfield Co. Hospital, Winsted
McGarry, Miss Mary C.....Supt., Charter Oak Private Hospital, Hartford
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Prindiville, Miss K. M.....Supt., Joseph Lawrence Free Public Hosp., New London
Robinson, Miss Margaret J....Supt., Elm City Hospital, New Haven
Roche, Miss Elizabeth F.....Asst. Supt., Litchfield Co. Hospital, Winsted
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Sutherland, Miss Lauder.....Supt. Nurses, Hartford Hospital, Hartford
Valencia, Mother.....Supt., St. Francis Hospital, Hartford
Webster, R. P.....Supt., Day Kimball Hospital, Putnam
Wilson, Miss Irene.....Lawrence Hospital, New London
Wolcott, Miss Grace L.....Supt., Waterbury Hospital, Waterbury

Delaware

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Shaw, B. F.....Trustee, Delaware Hospital, Wilmington
Turner, Miss Alida H.....Supt., Homeopathic Hospital, Wilmington

District of Columbia

Glascock, Miss Mary W.....Asst. Supt., George Washington University, Washington
Moore, Miss Frances W.....Sibley Hospital, Washington
Nevins, Miss Georgia M. .....Supt., Washington
Pratt, Dr. M. R.....Supt., Emergency Hospital, Washington
Skinner, Dr. J. O.....Supt., Columbia Hospital, Washington
Smith, Dr. A. W.....Supt., Garfield Memorial Hospital, Washington
Taylor, Miss Elizabeth C.....Supt., Episcopal Eye, Ear and Throat Hospital, Washington
Walsh, Dr. Wm. H.....Sec'y, American Hospital Association, Washington
Warfield, Dr. William A.....Supt., Freedman's Hospital, Washington

Florida

Angland, Miss Margaret Mary.Morrell Memorial Hospital, Lakeland
Fay, John E.....St. Petersburgh, Fla.
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Rogers, Dr. Carey P.....President, Board of Directors, Riverside Hospital, Jacksonville
Webster, Miss Olive.....Box 1923, Jacksonville
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Foreign

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Senson, Cyril.....Res. Sec. Pretoria Hospital, Pretoria, S. Africa

Georgia

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Long, J. M.....Supt., Ga. Baptist Hospital, Atlanta
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Nichols, O. E.....Supt., Macon Hospital, Macon
Shivers, Miss Annie M.....Supt., Margaret Wright Hospital, Augusta
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Illinois

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Bauernfeind, Rev. J. H.....Supt., Evangelical Deaconess Hosp., Chicago
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Berry, Miss Jennie S.....Supt., M. A. Montgomery Memorial San., Charleston

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Dailey, Dr. Ulysses G. ..... **Surg., Provident Hospital, Chicago**
Dale, Miss Nina ..... **Supt., German Hospital, Chicago**
Deacon, Dr. Frank ..... **Rhodes Ave. Hospital, Chicago**
Doolan, Miss Margaret J. ..... **Supt., Illinois Valley Hospital, Ottawa, Ill.**
Duncan, Mrs. Nellie M. ..... De Kalb Public Hospital, De Kalb
Freidinger, Miss Stella M. ..... John C. Proctor Hospital, Peoria
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Gilmore, E. S. ..... Supt., Wesley Memorial Hospital, Chicago
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Henderson, Miss Bena M. ..... Supt., Children's Memorial Hospital, Chicago
Horn, Miss Jessie A. ..... Supt., Hahnemann Hospital, Chicago
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Lewis, Miss Mary Elizabeth ..... Supt., German Hospital, Chicago
Mansfield, Miss Bernice ..... Asst. Supt., U. S. Naval Hospital, Great Lakes
Meigs, J. L. ..... Asst. Supt., St. Luke's Hospital, Chicago
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Ransom, John E. ..... Supt., Central Free Dispensary, Chicago
Robinson, Miss Margaret J. ..... Modern Hospital, Editorial Dpt., Chicago, Ill.
Schmidt, Richard E. ..... Trustee, German Hospital, Chicago
Sharpe, Dr. Anne H. M. ..... Supt., North Chicago Hospital, Chicago
Shouse, Miss Frances ..... Supt., North Chicago Hospital, Chicago
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Vance Rodkey, Miss Elizabeth ..... Supt., Springfield Hospital, Springfield
Venner, Miss Ida B. ..... Supt., Passavant Memorial Hospital, Jacksonville
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Wallerich, G. W. ..... 327 S. East Ave., Oak Park, Trustee, "Modern Hospital"
Watterson, W. H. ..... **Phy., 5601 N. Crawford Ave., Chicago**
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Weber, Fred ..... **5421 S. Morgan Street, Chicago**
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Weber, Dr. Geo. L. ..... **Supt., Olney San., Olney**
Wingert, Miss Elizabeth ..... **Rockford Hospital, Rockford**
Wilkins, Dr. C. D. ..... **Supt., Michael Reese Hospital, Chicago**
Wilson, Miss Martha ..... **Trustee, Children's Memorial Hospital, Chicago**

Indiana

Brian, Miss Mary ..... **Asst. Supt. of Nurses, Norways San., Indianapolis**
Lauman, Miss Anna W. ..... **Supt., Lutheran Hospital, Fort Wayne**
Milburn, Miss Eva ..... **Supt., Witham Memorial Hospital, Lebanon**
Pound, Miss Clara B. ..... **Supt., Reid Memorial Hospital, Richmond**
Woods, Dr. C. S. ..... **Methodist Episcopal Hospital, Indianapolis**

Iowa

Alderson, Dr. James ..... **President, Board, Finley Hospital, Dubuque**
Albright, Miss Esther M. ..... **Danville**
Beers, Miss Amy ..... **Supt., Jefferson Co. Hospital, Fairfield**
Clark, Dr. James Frederic ..... **Hosp. Phy. and Surg., Jefferson Co. Hospital, Fairfield**
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Kelly, Mrs. Bre S. . . . . Supt., Eleanor Moore Hospital, Boone
Larsen, Miss Lutie B. . . . . Supt., Decorah Hospital, Decorah
Ludy, Miss Mary B. . . . . Supt., German Lutheran Hospital, Sioux City
Matthews, Francis C. . . . . Supt., New Samaritan Hospital, Sioux City
McGregor, Miss Elizabeth . . . . Supt., State Hospital for Crippled Children, Sioux City
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Kansas

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Wilson, Miss Pearl. . . . . Supt., Sabetha Hospital, Sabetha

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Royan, Mrs. Josephine . . . . . Supt., Good Samaritan Hospital, Lexington
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Metcalfe, Miss Rachael A. . . . . Supt., Central Me. General Hospital, Lewiston
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Washburne, Miss Ida. . . . . Supt., Eastern Maine General Hospital, Bangor

Maryland

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Brush, Edward N. . . . . Supt., Shephard and Enoch Pratt Hospital, Towson
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Moss, Dr. H. J. . . . . The Hebrew Hospital, Baltimore
Nash, Miss Jane E. . . . . Church Home and Infirmary, Baltimore.
Platt, Dr. Walter B. . . . . Supt., Robert Garrett Hospital for Children, Baltimore
Sampson, Miss Stella W. . . . . Supt., Hospital for the Women of Maryland, Baltimore
Seem, Dr. Ralph B. . . . . Asst. Supt., Johns Hopkins Hospital, Baltimore

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Maryland—(Continued)

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Smith, Dr. Winford H. ..... **Supt., Johns Hopkins Hospital, Baltimore**
Smith, Dr. E. P. ..... **Med. Supt., Mercy Hospital, Baltimore**
Warfield, Harry H. ..... **Manager, University of Maryland Hospital, Baltimore**

Massachusetts

Anderson, Miss Emma A. ..... Supt., New England Baptist Hospital, Boston
Allen, Miss Bertha W. ..... Lowell General Hospital, Lowell
Armstrong, Dr. D. B. ..... Community Health and Tuberculous Demonstration, Framingham
Barclay, Miss Annie S. ..... Supt. Nurses, Franklin County Public Hospital, Greenfield
Barnaby, Miss Marietta D. ... The Henry Heywood Hospital, Gardner
Beattie, Miss Grace B. ..... North Adams Hospital, North Adams
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Bigelow, Wilbur B. ..... Supt., Salem Hospital, Salem
Booker, Miss M. Elizabeth .... Corey Hill Hospital, Brookline
Borden, Richard P., Esq. ..... Trustee, Union Hospital, Fall River
Bowen, Miss Sara A. ..... Supt., Springfield Hospital, Springfield
Bradley, R. M. ..... Trustee, Brattleboro Memorial Hospital, Boston
Bray, William C. ..... Trustee, Newton Hospital, Boston
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Christian, Dr. Henry A. ..... Phy., Peter Bent Brigham Hospital, Boston
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Codman, Edmund D. ..... Trustee, Peter Bent Brigham Hospital, Boston
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Cushman, Miss A. C. S. ..... Supt., Beverly Hospital, Beverly
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Devan, Thomas Allen ..... Peter Bent Brigham Hospital, Boston, Mass.
Dixon, Dr. Robert B. ..... Trustee, Robert Bent Brigham Hospital
Doherty, Miss Ethel M. ..... Supt. Nurses, Holyoke City Hospital, Holyoke
Drew, Dr. Chas. A. ..... Supt., Worcester City Hospital, Worcester
Dowling, John J. ..... Supt., City Hospital, Boston
Emmott, Miss Susan E. ..... Supt., St. Luke's Hospital, New Bedford
Ewin, Miss Hannah Jane ..... Supt., Free Hospital for Women, Brookline
Farmer, Luke W. ..... Trustee, Somerville Hospital, Somerville
Fraser, Miss Jean Cameron ... Supt., Vincent Memorial Hospital, Boston
Fuller, Dr. David H. ..... Supt., Municipal Hospital and Dispensary, Fall River
Garfield, Dr. Walter T. ..... Third Asst. Supt., City Hospital, Boston
Goddard, Dr. S. W. ..... Goddard Hospital, Brockton
Goodnow, Miss Minnie ..... 9 Park Street, Boston
Granger, Miss Daisy J. ..... Supt., Miller's River Hospital, Winchendon
Grant, Miss Alma E. ..... Supt., Cambridge Hospital, Cambridge
Grant, Miss Jessie E. ..... Supt., Anna Jacques Hospital, Newburyport
Hall, Miss Carrie M. ..... Supt. Nurses, Peter Bent Brigham Hospital, Boston
Hart, Miss Bertha C. ..... Hart Private Hospital, Roxbury
Hersey, Dr. Harold W. ..... Asst. Supt., Mass. General Hospital, Boston
Heywood, Miss Helen ..... The Henry Heywood Hospital, Gardner
Hill, Warren C. ..... Architect, 93 Federal Street, Boston
Hill, Miss Caroline ..... Supt., Quincy City Hospital, Quincy
Holmes, Dr. May S. ..... Supt., Belmont Hospital, Worcester
Howard, Dr. H. B. ..... Supt., Peter Bent Brigham Hospital, Boston
Howland, Dr. Joseph B. ..... Admin., Mass. General Hospital, Boston
Hurley, Miss Katherine E. .... Jordan Hospital, Plymouth
Hunt, Miss Alice M. ..... Supt., Truesdale Hospital, Fall River
Jaquith, Miss Lucia L. ..... Supt., Memorial Hospital, Worcester
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